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ABSTRACT

This manual's purpose is to help adult-education instructors to deal with addictive or preaddictive behavior in their Native American students. The impact of alcohol and drug-related social problems has been devastating to Native communities. It is essential to examine broader issues such as cultural identity, ethnic pride, self-confidence, and self-esteem when implementing addiction-prevention strategies. The manual consists of five units. Unit 1 discusses different types of addiction and characteristic addictive behavior. It also provides a brief explanation of the origins of addiction and a comment on the Native experience. Unit 2 revolves around the story of a fictional addict, while providing introductory activities for the other units. Unit 3 includes a variety of student handouts covering basic information on prevention of addictions, including issues of self-esteem, goal-setting, decision-making, peer counseling, and Indian identity. Unit 4 offers simple tools for identifying addiction problems of students or helping them to identify their own. Unit 5 helps educators decide whether or not a student should be referred to professional counseling and includes a list of treatment programs for Native people in British Columbia. Five appendices offer information on adult children of alcoholics, films and videos on alcohol and drug abuse, the Alkali Indian Band, nutrition for recovering alcoholics, and a bibliography of 20 items. (TES)

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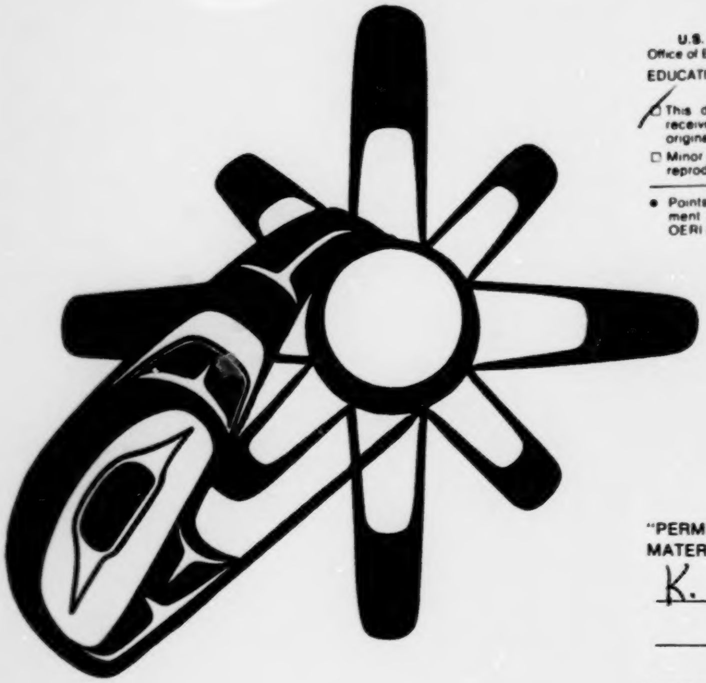
Native Students with Problems of Addiction

A Manual for Adult Educators



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Native Students with Problems of Addiction

A Manual for Adult Educators

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Foreword

> You must teach your children that the ground beneath their feet is the ashes of our grandfathers. So that they will respect the land, tell your children that the earth is rich with the lives of our kin. Teach your children what we have taught our children, that the earth is our mother. Whatever befalls the earth befalls the sons of the earth. If men spit upon the ground, they spit upon themselves. This we know; all things are connected like the blood which unites one family all things are connected.
>
> **Whatever befalls the earth befalls the sons of the earth. Man did not weave the web of life; he is merely a strand in it. Whatever he does to the web, he does to himself.**
>
> Chief Seattle, 1854

In dealing with individuals who have an addiction, educators must recognize their limitations based upon their own experience. If you have no training or core knowledge in the addictive process, proceed with caution. It is very important that you know your local resources so that the addictive individual can be referred appropriately.

Addictions, especially alcoholism, and Native people have a long history that spans many generations. Remember this when you are helping individuals who require self-esteem and self-discipline to deal with their addiction. You, as the educator, could be a catalyst for change by empowering students to recognize that change starts within themselves. The most powerful and successful learning is when the individual integrates all knowledge internally and takes responsibility for his or her own destiny. This is also true for successful addiction treatment programs.

This manual provides you with a basis for working effectively with Native students with addictions. It suggests things that you can do in your classroom to combat the underlying causes of alcoholism and drug addiction – poor self-esteem; difficulty in setting and achieving goals; conflicts around identity, culture, and self-image; and feelings of powerlessness. It also provides suggestions for building in peer support systems and intervening when addictions become apparent. But, while you can and must make a difference with all your students, especially those who have drug and alcohol problems, remember that you are a facilitator: facilitate **change**, don't do for the students what the students can do for themselves.

Wayne Christian
Executive Director
Round Lake Treatment Centre

Preface

Adult educators can be the first people a student struggling with addictions comes to, and they can be the last. The informality, supportiveness and close interpersonal relations that typify the best Native adult education classrooms often encourage students to disclose and discuss their addictions, and, certainly, a pattern of serious drug and alcohol abuse is difficult to hide over a period of several months of classes.

For all these reasons, adult educators in general, and especially adult educators working with Native students, must have some background on the nature and identification of addictions, and they must have some strategies for helping students cope with their drug and alcohol problems. Unfortunately, virtually nothing addressing this serious problem has been designed for adult educators of Native adults. Instructors in the field have had little in the way of information or classroom activities, they have usually had little or no training in dealing with addictions, and they are often unaware of the resources available to them.

The Native Adult Eduction Resource Centre recognized this need, and when the Ministry of Advanced Education asked for project proposals under their alcohol and drug addictions initiative in late 1988, we submitted a proposal to develop a handbook that would serve as a resource for adult instructors working with Native and non-Native addictive students. Approved and coordinated by the Centre for Curriculum and Professional Development, phase one of the project involved consultation with instructors in the field as well as other professionals and organizations working in the area of addictions. A writer, Janet Campbell-Hale, was hired, an outline was developed, and the manual began to take shape.

Phase two involved circulating the draft manual to adult instructors of Native adults and addictions experts and incorporating their response and feedback. Hopefully this resulting document will serve as a valuable tool for instructors who are struggling to cope humanely and effectively with the devastation and debilitation of drug and alcohol addictions in their classroom.

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Introduction

The purpose of this manual is to assist instructors of Native people enrolled in adult education courses to recognize and deal with addictive or pre-addictive behaviour in their students.

It is of primary importance to create a supportive classroom environment that will foster self-confidence and self-esteem. People with problems of addiction share a lack of faith in their ability to affect the outcome of their own lives. They need to be respected for who they are, while encouraged to participate in tasks and activities that will help them develop respect for themselves. Success in activities designed to give them a stronger sense identity and self-worth can also give them the necessary courage to continue learning about and struggling to heal themselves. A knowledgable and understanding instructor can help students overcome feelings of helplessness and isolation, and feelings of futility and inferiority.

While Native people do not have a monopoly on addiction, the impact of alcohol and drug related social problems, such as family violence and suicide, has had a devastating effect on Native communities. The history of colonialism and the denigration and destruction of traditional Native culture, historically and in modern times, are factors particular to Native people. These factors make it essential to examine such issues as cultural identity, ethnic pride, and what makes a person uniquely Native when implementing addiction prevention strategies in a Native adult education course.

It is possible to use this manual in non-Native and multicultural classrooms, as well as with Native adult students, for many of the activities are applicable to any adult education situation. In a cross-cultural setting, the activities and discussion topics suggested in this manual provide an opportunity for bringing together and strengthening bonds between students, and for preventing anyone from feeling isolated, singled out, or put on the spot. By using this manual creatively and sensitively, the potential exists to demonstrate the diversity of cultural, religious, and political systems, while showing that people, although unique in many aspects, are on some level the same. One of these commonalities is that people tend to respond to distress in similar ways – one way of which is addictive behaviour. It is important for Native students to understand that they are not alone and that turning to addiction, although not inevitable, is an understandable response to stress. It is also important for them to realize that in hundreds of Native communities across North America, people are sobering up, and both families and communities are struggling to heal themselves of generations of abuse and hurt.

How to Use This Manual

As the instructor, you may wish to use this manual in its entirety only if it is to be the basis for a course specifically on the recognition and prevention of addiction. If you are an instructor of English, social studies, or life skills, you will probably wish to adapt specific sections of this manual or work with certain items, such as information handouts, activity sheets, or suggested activities as required.

If you are an instructor of language arts, social studies, or basic academic education, a word about the relevancy of this manual to your academic field might be appropriate here.

Remember that you are a teacher and not a social worker, professional family therapist, or psychologist, and counselling is not what is expected of you. The individual student, however, can be most effectively educated within the context of his or her community and its standards, and within the context of his or her personal circumstances. Students' problems (or potential problems) with drug and alcohol abuse, family violence, and other forms of addictive behaviour are most clearly your concern insofar as these problems become barriers to the students' receptivity to learning. Nonetheless, acknowledging and dealing with the underlying causes of addictions, such as low self-esteem and identity conflicts, can be a valuable and important contribution to forestalling addictive behaviour. Furthermore, it is likely that addictive behaviour will intrude into your classroom at some time, whether it be in the form of absenteeism, students attending class while intoxicated, under-achievement, personal disclosure, etc. Having some basic knowledge of addictions and strategies for dealing with them may help you cope more effectively with the problem and the attendant behaviours when they emerge.

It should be mentioned that some of the material in this manual focusses on the negative aspects of addiction and its impact on Native people. This is not meant to increase feelings of negativity, resentment, or anger, but rather to reflect the real feelings and conditions that exist for some people, and to acknowledge that such feelings are valid. By working through the activities and information in this manual, it is possible that a better understanding of their situation will develop, negative feelings will lessen, and a more hopeful and positive outlook on life will occur. To not recognize or write about the students' negative feelings and experiences, as well as the positive, could invalidate the intention and purpose of this manual. People learn to accept themselves, and at the same time believe change is possible, when they are given the chance to express their innermost feelings and opinions to people who are genuinely prepared to hear what they have to say in a supportive and non-judgmental environment.

To understand any individual addiction, one must ask, "What does this person derive from the drug and from experiencing its effects?" It may be that the drug fills time, structures a life, provides a reassuring ritual, and offers an identity. Then, we must find out how and why it reassures, and from what it offers relief. Only by comprehending these problems and how a particular drug creates an escape from them, can we get to the true nature of addiction for that person.

The activities suggested in this manual for the building of self-esteem (setting goals, visualization of desired results, examination of needs and how they can be effectively met) involve personal disclosure and can therefore make the participants vulnerable. Thus, you must proceed with caution. In addition, from the beginning and throughout your course, it is essential that you carefully and honestly examine your own motives as an educator and as a person of influence. It is equally important that you deal with your own feelings and attitudes regarding alcohol and drug abuse, ACOA, or co-dependence. (See Appendix 1 for more information on ACOAs and co-dependence.)

There are two gifts that educators can give students: **information** and **learning**. Information can come through lectures, books, visual aides, and discussion. Learning can occur through the relationship between educator and student, and fosters and encourages the natural capacities human beings possess to feel and think. When students come to terms with their addictions, they have in their grasp a great power that will influence their education (and consequently their attitudes and beliefs about who they are and what they want from life), and their ability to communicate that knowledge in their relationships, employment, and lifestyle. This manual will furnish you, as an adult educator, with information, ideas, and exercises to develop productive relationships with addicted students.

Organization of this Manual

The manual consists of five main units:

- Unit I: **Information on Addictions** provides a definition of addiction, and a description of different types of addictions and some of the characteristics of addictive behaviour. It also provides a brief explanation of the origins of addiction and a comment on the Native experience. This information will give you preliminary background information to help you understand the addiction process.

- Unit II: **Introductory Activities** provides one introductory activity for each of the other units in this manual (Information, Prevention, Identification, and Intervention). These activities can either be used at the beginning of a unit as an introduction to the subject area or as a supplementary activity to the unit.

- Unit III: **Prevention** is divided into five sections (parts): Information, Self-Esteem, Goal Setting and Making Decisions, Peer Counselling, and Indian Identity. For each section, a variety of handouts and activity sheets are provided that may be used with students. Please note, however, that in some cases the readability level of handouts may be rather high for A.B.E. students, so it is suggested that you discuss handouts and activity sheets with students in class, or have students work together to interpret the material. In addition, students could research and develop a glossary of those terms with which they are unfamiliar. Alternately, you may wish to record material from handouts onto an audio tape, which could then be supplied to students so they could read along with it.

  One activity in Unit III has students researching into their own families. It is possible that students may uncover some disturbing and unwelcome facts when working on this activity. Thus, you should be aware of this possibility and be prepared to help, or to find someone who can help, students resolve feelings that may arise.

- Unit IV: **Identification of Addictions** provides a variety of simple tools to use in identifying students with problems of addiction. The first two instruments in this unit are for you to use in identifying students with problems of addictions, while the third and fourth instruments (in the form of questionnaires) are for students, so that they may realize the nature and extent of their problems. Recognition is, after all, the first step to recovery.

  > **Note:** Although Identification Instruments 3 and 4 deal solely with alcohol, it should be understood that what relates to alcoholism can also be applied, to some degree, to other addictions and to the addictive process in general. Thus, these two questionnaires could be adapted for use in identifying other types of addictions.

- Unit V: **Intervention** provides you with a model to use when deciding whether to counsel a student yourself or to refer him or her to a professional. This unit also lists and describes the treatment programs available to Native people at various treatment centres in British Columbia.

- **Appendices** provides information on adult children of alcoholics (ACOAs) and co-dependence (Appendix 1), a short list of films and videos that deal with alcohol and drug abuse (Appendix 2), an article on the continuing story of the Alkali Lake Indian Band (Appendix 3), an explanation of the role of nutrition for recovering alcoholics (Appendix 4), and a bibliography and reading list (Appendix 5).

Note: The suggested activities in this manual appear in a variety of formats. Some activities are presented with step-by-step instructions, while for others a general description is given. This flexibility allows you to use the manual in a creative and experimental way, and to develop activities according to your professional judgement and to the needs of your students.

Please also note that student handouts and activity sheets are numbered sequentially within each individual unit.

Unit I:
Information on Addictions

An Overview

Addictive behaviour is like a fire that leaves families, communities, relationships, and careers smouldering or still burning in its aftermath. Although spiritual, psychological, and medical healing have progressed considerably in recent years, a complete understanding of the addictive process is still in the future. As our learning progresses, one striking fact stands out in all three areas of healing: addiction has a positive intent in the lives of addicts, even though the resulting behaviour is destructive.

Addicts are continually attempting to lessen feelings of pain and alleviate a sense of overwhelming difficulty in their lives. They believe that something outside of themselves will fill them and make them complete, and they explain their problems and pathologies in terms of forces over which they have no power or control. This illusion reinforces the destructive behaviours of addiction.

Addiction Defined

Addiction is a basic human problem. People are addicted when the use of alcohol, drugs, and/or other substances or activities interferes in any significant area of their lives. Addicts continue to use the substance or repeat the activity in spite damage to their emotional, physical, mental, and spiritual health.

Addiction has to do with the effect a drug or activity produces for a given person in given circumstances. What a person is addicted to is the experience the drug or activity creates and the fact that, while under its influence, the person does not have to deal with pain, anger, or even joy or love. This experience is usually a welcomed effect since it relieves anxiety.

Ann Wilson Schaef in her book *When Society Becomes an Addict* defines addiction as "any process over which we are powerless." Schaef believes that addiction takes control over our lives, causes us to do and think things that are inconsistent with our personal values, and leads us to become more compulsive and obsessive.

We often hear of violence in Native communities and it is important that this is not seen as a cultural norm that supports negative stereotypes of Native people. Instead, the behaviour must be seen for what it is – a direct outcome of pain and anguish, rooted in socio-historical occurrences, that is masked by alcohol and other addictions. Alcohol and drugs lower inhibitions and cause people to act out frustrations, anger, and other powerful emotions that they would normally be able to control or channel in less destructive ways.

Types of Addictions

Addictions may be classified as chemical or non-chemical, or they may be divided into two main categories: substance addiction and process addiction. Both substance and process addiction function in essentially the same way and produce the same results. In today's society, addictions are common and most addicts have multiple addictions. Almost any substance or process in our lives can be addictive.

Substance Addiction
Addictive substances are mood-altering and lead to physical dependence. They are usually ingested into the body and are artificially refined or produced. Addictive substances include:

- alcohol
- sugar
- nicotine
- prescription drugs
- "street drugs"
- food
- caffeine
- over-the-counter medications

Process Addiction
The addictive process involves a specific series of actions or interactions and gives the person the same feeling of "a high" that he or she would get from a substance addiction. It is any everyday activity that takes control of our lives. Process addictions include:

- work
- helping others
- relationships
- making money
- gambling
- sex
- worrying
- exercise.

Characteristics of Addiction

The following are some of the common characteristics of substance and process addiction.

- **Denial**
  Denial is the refusal of the individual to believe or accept the reality that certain events have occurred, are occurring, or will occur. It acts as a protection for the addict. At the same time, as long as the addict denies his or her problem, the person thinks there is no reason to do anything about it and the addiction worsens. Comments such as, "No, I'm not alcoholic. I can stop anytime I want." reflect a state of denial. The same is true of comments that blame, project, and attack: "No, you're wrong." "It never happened that way." "It's your fault."

  There are several contributing factors to denial within the Native community. People who have lived through trauma and tragedy frequently develop extreme denial in order to survive. Loyalty to the community can make people reluctant to reveal problems to outsiders (R.C.M.P, Welfare, the legal/justice system), and fear of gossip, lack of confidentiality, and pressure from within an extended family or community can prevent people from dealing with problems. In some cases, it is possible for an entire community to be involved in a collective denial. This is possible, especially in communities where a large percentage of the people are addicted themselves. If the addiction has been going on over generations, members of a family may internalize the concept of "This is how it is" and become users as a matter of course.

- **Self-centredness**
  Addicts are obsessed with the need to drink or use, and will promise or do anything to maintain a constant supply of the drug. They only consider their next "fix," and attempt to make every activity an opportunity to use the drug. The alcoholic only thinks of the next drink, the workaholic the next item on the agenda, and the sexaholic the next euphoric fling. Over-involvement with any substance or process can lead to addiction, and, once addicted, the person develops an obsessive and self-centred focus on life.

- **Confusion**
  Since addictive behaviour separates people from their feelings and thoughts, there can never be any certainty about reality. An addict is consistently inconsistent. There is often confusion as to exactly when and where events took place, and things said or done can not be accurately recalled. As long as confusion reigns, people remain powerless.

- **Forgetting**
  As children and family of addictive people eventually come to realize, addicts will promise and say things while feeling "high" that they forget all about when sober. The addict's promises are always for the future and never deal with the immediate moment. They are the result of a temporary elation or of guilt and remorse – an attempt to "make good." Black-outs (periods of amnesia) are a warning sign of addiction to alcohol. During a black-out, a person may do or say things (drive a vehicle, act abusively) of which they later have no memory.

- **Continued Abuse**
  Addicts often feel so discouraged by their inability to gain what they want from life that they use a drug to forget their failures and to put off obtaining their needs and desires. The continued and compounded frustration of being ineffective and incapable of accomplishing simple tasks drives them back to the drug even more frequently, despite intense, repeated, and negative consequences (such as rent and food money being lost to gambling, a diagnosis of liver cirrhosis, or family pain and suffering). An individual might excuse his or her behaviour by saying that it is a result of the drinking, and this not only helps the addict to avoid responsibility for his or her actions, but enables the abuse to continue.

- **Unpredictability**
  At times, addicts may retain control of their behaviour, but more often than not the substance or process controls them. Thus, they and their loved ones live in a constant state of insecurity and tension, never knowing what might happen next.

- **Dishonesty**
  Addicts learn to become capable liars. Out of the necessity, they learn to manipulate people and events so as to always have access to the drug. They also tend towards a style of magical thinking, half believing the falsehoods themselves, because they need to operate on a wishing-will-make-it-so basis; perhaps, in part, in an attempt to protect themselves from seeing the pain they inflict on others.

- **Perfectionism**
  Addicts experience tremendous anxiety about not being good enough. They have difficulty forgiving themselves and do not regard mistakes as healthy learning opportunities, but more as an indication of their worthlessness. They often have unrealistic goals and set impossible standards for themselves, thereby repeatedly setting up "no win" situations, which reinforce and, as far as they are concerned, justify their compulsion to use.

- **Control**
  Addicts seek power and control over people and situations so as to prevent anything unexpected or unfamiliar from happening. Since addicts live in constant fear of failure, they strive to always know what people are thinking and feeling so that they can influence what might be said or done. Power gained through substance or process addiction gives a false sense of security, however, and the empty and incomplete sensation addicts carry inside themselves is filled only temporarily while they are under the influence of the drug or activity.

- **Approval from the outside**
  Addicts do not have a strong sense of identity, nor do they know how to approve of themselves. Consequently, they seek approval and self-definition from the outside. Negative self-image and low self-esteem are key points in the cyclical descent into an addiction. An addict welcomes the opportunity to resolve doubt and unease by being protected by some larger force, and a powerful drug does this for them.

- **Hopelessness/Helplessness**
  Addicts believe that others control their destinies – that luck, fate, powerful others, and bureaucratic systems direct their lives and will either persecute or take care of them. Such thinking leads to a lack of responsibility. Addictive people feel inadequate to handle the complexity of the world they live in, and fear it is leaving them behind. Addiction fits into this pattern by giving users the soothing feeling that nothing more need or can be done to improve life as it is out of their hands. Users who believe that there is nothing they can do to change – that deep down they are powerless and "bad" – suffer from a sense of prolonged helplessness.

Origins of Addictions

Substance addiction is generally considered by medical science to be physiologically rooted, not psychologically, and this physiological condition largely determines whether one person will become addicted or not. Hormones, enzymes, genes, and brain chemistry influence each other to create an abnormal addictional reaction to a substance. Addictive behaviour is **influenced** by psychological, cultural, and social factors, but these are not the **cause** of the addiction.

According to this model, the addicted person no longer has to admit moral inferiority, but recognizes the nature of the disease from which he or she suffers and becomes aware of the availability of support available to deal with it. Since self-esteem is not attacked, a person is likely to seek help earlier and be better able to make use of it.

There is, however, concern that the biochemical approach alone prevents addicts from recognizing and using internal healing mechanisms. It has been suggested that the disease model may be useful in the early part of treatment, when it is essential to reduce guilt and blame, but that in the long run there is a danger of it undermining the addict's autonomy and will to change, thereby exacerbating the problem. Labelling the addict as "diseased" and "helpless" delivers the message that he or she might as well drink, since the ability to refrain is lacking.

Process addiction, on the other hand, is thought to be a learned addiction. This addictive behaviour has physiological aspects in that the process produces a "high," but it is primarily influenced by culture and social factors, as well as the psychological state of the person. Process addictive behaviour can be traced to the family of origin and has to do with nurturing, role modelling, family structure, society as a whole, and how the individual interacted in these situations. Parent figures (mothers, fathers, grandparents, uncles, aunts, older brothers and sisters, priests, nuns, teachers, community leaders) can be convincing teachers, and children in their formative years (0-7 years) are quick learners. If one or more parent figure displays addictive behaviour, it is likely the child will imitate the pattern, and so addictive behaviour is passed on.

Addictive tendencies develop when children experience emotionally painful events such as sexual abuse, physical abuse, neglect, etc. If there is no opportunity to talk, think, or play out these traumatic experiences to a healthy conclusion, the child's emotional growth becomes stunted or frozen. Examples of frozen development in Native culture have occurred in children taken from their lands and families to residential schools. Rules at these schools were such that Native languages and traditions were abandoned. Brothers and sisters were segregated and not allowed to speak to each other for months at a time. Children were required to deny their culture and numb feelings toward their family and heritage. When children suppress their feelings, they commonly act out their feelings in self-destructive behaviours such as bed-wetting, violence, inattentiveness, nightmares, depression, suicide, and use of addictive substances and processes.

Healing these wounds can only occur if the individual has the opportunity to talk about the memories and feelings and accept them, no matter how painful they may be. Adults who have not come to terms with their unpleasant past may find themselves using substances or processes to manage the painful feelings.

Addicts are in a constant state of fear, and their focus is on survival rather than on creative living. Childhood experiences have taught them that they are in danger and that to ensure their security they should maintain controlling behaviours at all times. Fear slows or stops the process of change by creating messages of self-doubt, which attack the addicts already frail sense of self-worth.

A Comment on the Native Experience

There is a striking connection between the Native experience and addictive behaviours. For Native people, the void that occurred as a result of cultural and spiritual loss, and the parallel loss of control over economic and social institutions, have contributed to addictive behaviours. This loss and the continued threat of loss of their history and language has left contemporary Native people confused and without guidance in important rituals and traditions. The assimilation and conversion policies pursued by the Canadian government for more than four generations have denied and devalued Native cultures and have correspondingly reduced self-esteem for Native people. This devastating combination of factors is a blueprint for addiction.

As Dan Dodson writes in *Power as a Dimension of Education*,

> It is impossible for a youth who is a member of a group which is powerless in the community to grow to maturity without some trauma to his perception of himself because of the compromised position of his group in communal life...as a result of this trauma, children often develop apathy, low levels of aspiration and a sense of low self-worth.

Cultural self-hatred leads to a sense, deep in the core of the being, that there is nothing that can be done to make up for the void in oneself and the belief that one is deeply and profoundly unlovable.

Native communities are beginning to realize that treatment is only one step in the healing process, and, as they move away from chemical dependency, they are becoming more aware of their co-dependent patterns. (See Appendix 1 for more information on co-dependence.) At the personal level, alcoholics have to deal with the hurts and insecurities that alcohol used to cover up. At the family level, they have to rebuild relationships and recognize addictive patterns, and, at the community level, they have to create opportunities for a sober lifestyle, including employment, recreation, and relevant social services.

Changes in Native society resemble the process of recovery from an addictive state. Strong and sober challenges have been made in the area of land claims and self government, thereby re-establishing Native society as unique and separate. The process of loss of control and power in their lives has contributed to addictions, but as loss and alcoholism are overcome, Native people are rebuilding themselves, their families, and their communities.

It is important that students become familiar with the achievements of these communities and of the individuals who have proved that Native people are committed to and capable of change.

Unit II: Introductory Activities

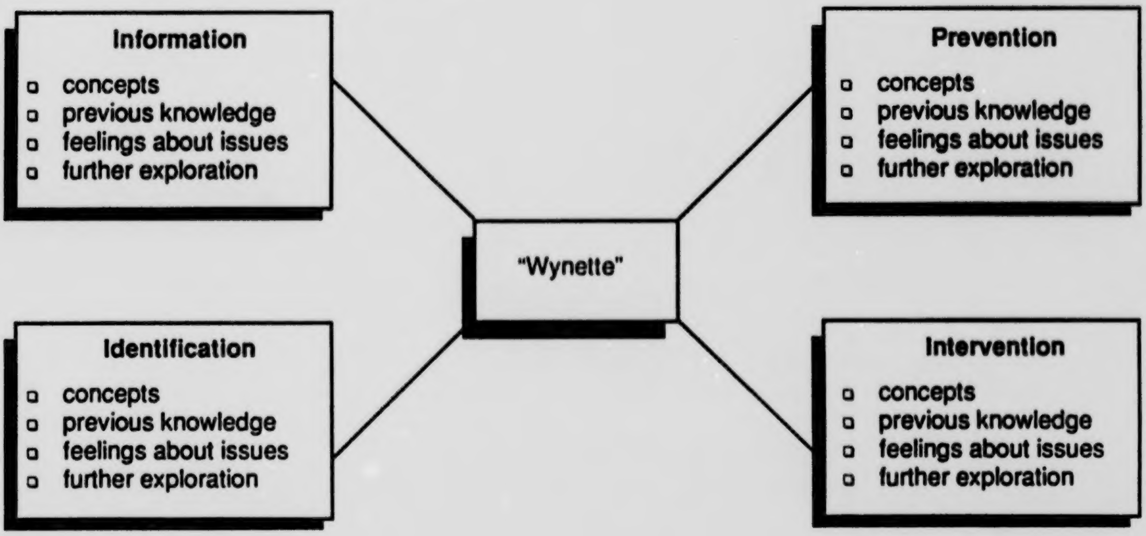
Introductory Activities

The step-by-step introductory activities in this unit revolve around the story "Wynette," which was written especially for this manual by Janet Campbell Hale. The story centres on an Indian woman's coming to terms with her dysfunctional use of alcohol through her experiences at a Native treatment centre.

"Wynette" is designed to introduce students to the four main elements or components of this manual: (1) **information** on alcohol abuse and addictive behaviours; (2) **methods of prevention** that may be used in an adult education classroom; (3) **identification** of addictive students; and (4) **intervention** techniques and referral information.

"Wynette" could be integrated into an English, social studies, or life skills course. It could also be used as an introduction to a specific module or course focussing on addictions. For students with minimal reading skills, the story could be read aloud or recorded on a tape recorder.

Once the story has been read by the students, either orally or individually, use a mapping diagram to show how it relates to the manual's four main elements. For each component, an activity based on the article has been designed to introduce the concepts, assess existing knowledge and feelings about key issues, and interest students in further exploration.



Information Activity

1. Before the students have read the story, have them do a 10-minute "quickwrite" (uninterrupted, continuous writing; no pauses for thought or editing) on what they know or think they know about alcoholism and alcohol treatment.

2. Have students form triads (groups of three) and share their papers, comparing information, beliefs, attitudes, knowledge, feelings, etc.

3. Then re-form as a class and ask,

   - *What did people discover they knew about alcoholism? Didn't know?*
   - *What did they learn from each other?*
   - *What are they uncertain about?*
   - *What do they need more information on?*

4. Then have students read (or read to them) the story, "Wynette."

5. After reading the story, have students write another 10-minute quickwrite responding to the story. (*How did they feel when reading it? What did they learn? What did it make them think about?*)

6. Have students re-form their triads and share their responses.

7. Finally, debrief the activity by focussing on what students have learned and what more they want to know about alcoholism and alcohol treatment.

Prevention Activity

1. Form students into small groups of four or five. Give each group a large sheet of chart paper and a felt pen. Have each group select a Recorder and divide the paper into two columns: **Possible Factors** and **Prevention Strategies**.

2. Based on the information in the story and the students' own experience, have each group identify as many factors as possible that might have contributed to the writer's dysfunctional use of alcohol (e.g., inability to cope with stress effectively, poor self-concept, no support system) and record those in the "Possible Factors" column.

3. Then have students think of strategies that might have helped the writer overcome those factors and develop more effective and constructive attitudes, skills, and knowledge. Have them record these strategies in the second column, in line with the problem they are designed to remediate. Note that there may be several strategies for a particular problem, and a single strategy may apply to several problems.

4. Have each group display their chart to the class and explain their conclusions and the discussion that went on in their group.

5. Debrief by focussing on the causes that underlie addictive behaviour and the kinds of preventive measures that could be built into the home, community, and school (and especially an adult education program) to prevent these underlying causes and their resulting dysfunctional behaviour.

Identification Activity

1. Divide a piece of chart paper or the board into two columns: **Typical Characteristics** and **Writer's Characteristics.**

2. With the class, brainstorm a list of characteristics of the "typical" alcoholic (e.g., drinks cheap wine, is unemployed, drinks daily).

3. Then have students identify the characteristics of the writer of the story. List these in the second column.

4. Using this data, debrief by contrasting the stereotype with the reality. Ask,

   - *Where have these stereotypes come from?*
   - *How do they limit us?*
   - *How can they be a defense against confronting our own drinking problems or those of those near us?*

   Work toward evolving a definition of "alcoholism" as any dysfunctional use of alcohol (i.e., any use that interferes with a person's life). From this understanding, extend it to other addictions (sexual relations, drugs, bingo, work, etc.) and have students answer the question, "What is addictive behaviour?"

Intervention Activity

Note: Role taking is a powerful teaching strategy. In this activity, it is designed to help students understand what skills and information are necessary in working with addictive persons, to practice and develop some of these skills in a safe environment, to make the discussion on addictive behaviour concrete and personal, and to gain some insight into the motives and behaviours of those who suffer from addiction.

1. Explain the idea of role taking and its purpose. Then use the story as background for the role-taking exercise.

2. Ask for volunteers to play two roles, an addictive student and his or her friend, and give them the following scenario.

   > *The addictive student has been arrested on two impaired charges, often comes to class smelling of liquor, has passed out at several parties the friend has been at, and has recently admitted beating his/her child while drunk. The addictive student, however, feels that he/she drinks as much or as little as all his/her friends, and, although admitting to drinking one or two cases of beer or a bottle of whisky over a weekend, he/she does not consider her/himself a "drunk." He/she blames the beating of the child on the child's insolence and disobedience.*

Designate which student is to play which role, and then tell them that the friend has decided to confront the drinker with his/her problem and hopes to persuade the addictive student to get help.

With the situation explained, have the two volunteers sit down and begin the role-taking exercise. (Remind them to stay within their roles as outlined.) Have the rest of the group place themselves so that they can observe the interaction. Ask the group to note what techniques the helper used effectively and ineffectively, what else he/she could have done, how the drinker reacted, what additional skills and knowledge the helper needed, etc.

3. Start the role taking and let the situation develop unimpeded (unless the participants stop, it is best to stay out of the way so you can write down your own observations).

4. After about 10-15 minutes, or when things seem to have reached an impasse, put an end to the role taking with something like, "You seem to have reached a point where we can break."

5. Debrief the group on what they saw by asking,

   - *What counselling and communication techniques were used effectively? Not effectively?*
   - *What was needed?*
   - *What would you have done?*
   - *How did the addictive student respond? Why?*

   Use student responses to develop some consensus about how to work with addictive persons in an effective way. (Have them link the role taking scenario to their own lives by asking, "Have they been in similar situations?" "What happened?" "What could they have done?")

6. As a final exercise, have students break into triads and have two of them take the roles described above, while the third acts as Observer/Reporter. After the role taking, the Observer/Reporter provides feedback on the interaction, and the three discuss the exercise.

7. Finally, have the Observer/Reporter share what happened in the triad with the class. Ask,

   - *What approaches were used?*
   - *What needs to be learned or improved?*
   - *What knowledge of addictive behaviour and resources did people have?*
   - *What knowledge of addictive behaviour and resources did they need?*
   - *How could the skills and knowledge be useful in people's lives?*

Wynette

The Indian sweat lodge at Three Rivers Alcohol Treatment Centre is a round structure, built close to the ground and covered with canvas. It was here, on the ground in the dark around a pit containing glowing lava rocks, that I learned to pray.

I have returned to the sweat lodge several times since I finished my time at the centre last August. This last time, the day before the New Year, 1983, I reflected on what had happened to me and what it meant to my life and well-being.

The now-familiar glow of the red lava rocks was comforting as the sweat began this night, and I was glad I had made the long trip from Davis to Manteca.

It used to be that I would be "driven to drink" by a painful lump in my throat, an oppressive weight on my chest, and a feeling of unbearable anxiety and psychic turmoil. Alcohol had been my escape.

I am a 35-year-old native Indian woman. Although the sweat lodge is an ancient Indian ritual, I knew next to nothing about it, since I was raised Catholic.

I am finishing my graduate degree at the University of California at Davis, teaching class, and writing my thesis. I am a single mother. I was arrested for drunken driving on New Year's Day, 1982 (I had "hesitated" at a controlled intersection with two squad cars looking on).

It was my second offense in five years and under California's tough new law I was sentenced to serve 90 days in jail, but was given the opportunity to serve those days at an alcohol treatment centre, if I wished. After doing some research, I chose Three Rivers, because it was out in the country and because of its Native American orientation.

I did not want to go to an alcohol treatment centre. I did not consider myself an alcoholic. I had never been to jail or in any trouble, except in my own mind and heart. I experienced no terrible craving for alcohol, such as I've heard alcoholics have, and I was not one of those compulsive gotta-have-a-drink types. I only drank every four or five months (except during the Christmas holidays when I liked to drink more often). And, when I did drink, it would only be for a single evening. That is not what an alcoholic is, is it? I never missed a day of work because of drinking. I never had "the shakes" or hallucinated. I never had needed a "detox" centre. And I had been drinking for 18 years, more than half my life (and didn't they say that alcoholism is a "progressive disease"?) So, I had broken the law and had driven my automobile on a public highway when I'd had too much to drink (again). But that did not mean I was an alcoholic, did it?

I had decided, before sentencing, that come what may I would not accept a jail term. I did not wish to abandon my graduate program and fellowship at Davis (at 35, I knew I might not have another chance to do an M.A.) and I did not wish to uproot my children. But, if I were sentenced to serve jail time, I was prepared to run away from California, whatever the cost.

It was with great reluctance that I sent my children to live with their father, sublet my apartment for the summer, and headed for Manteca. I was filled with dread of the unknown, and with resentment that I **had** to do this thing (or go to jail, or run away), and I felt . . . grubby . . . a grubby little drunk getting packed off to a grubby little Native drunk place. (I'm just society's child.) "Ninety days isn't very long. A drop in the bucket," one friend said. The State had me under its thumb and now the treatment centre folks would too. I felt like a squirming bug. "You can turn it into something positive, if you want," one of my EST-type friends said. "You can turn it into a personal triumph!". . . Like a squirming bug. I hated myself for being so stupid as to risk driving under the influence. This was a revolting situation: the lodge, or jail, or running away. Three Rivers was simply the least of three evils.

I hated the treatment centre at first, purely hated it. I felt out of place. I also felt sorely out of place at Davis for various reasons. I am from the working class, I am a member of an ethnic minority, and politically I am decidedly liberal, whereas Davis is white, conservative, and middle-class. (The Chairman of my Department, English, thought it humorous to refer to me as "Pocahontas" or "The Indian Princess.") I was terribly lonely and I longed for my own kind (the friends I mentioned do not live in Davis, but in Berkeley or Sacramento and are from "before"). But, these people, the other inmates, though Native like me, weren't my kind. Three Rivers, I thought, is certainly no place for a person like me.

My roommate at the centre had arrived one day before me and was still going through withdrawal, hallucinating. She saw figures standing outside looking in our window. They were Sasquatches she said, and, even though she knew they weren't really there, the way they stood peering in our window gave her the creeps. She found some heavy material and made a set of drapes for our window and asked me, "Well, what do you think?"

"I think," I told her, "some certain Sasquatches are going to be disappointed." She laughed.

She talked about having been in "the joint" for seven years and told endless stories of her sordid childhood, about robbing people and being in jail, about her life as a wino on skid row. She was only 40, but she was so haggard and careworn in appearance that she could easily have been 60.

Most of the residents at Three Rivers knew something of life on skid row, about panhandling and hobo jungles and riding freight trains, and they seemed to look down on me because I did not.

I was once told, for instance, that I didn't have the right to call myself a "Wynette" (female wino), I hadn't earned it (my Wynette stripes, as it were).

I remember one young man who seemed to hold himself far above the others. He was a 27-year-old Eskimo. He said he had never had to sleep under a bridge in his life and didn't know how a human being could live that way. He always had managed to keep a roof over his head, he said, by being in a job-training program, or a government-run boarding school, or an alcohol treatment centre. He considered yardwork "demeaning" and usually managed to get out of it at the centre by pretending to be sick or having to keep an appointment for welfare eligibility (I paid for my own food and I had student health coverage, while everyone else had to apply for State welfare health and federal food stamps).

Yardwork was nice, I thought – out in the fresh air and sunshine, making our place nice and neat, weed-free, and green – and it was a means of bonding with the others and, making such an investment, made Three Rivers seem more like "home." To the Eskimo, though, yardwork was "demeaning" and "nothing but shit work." At 27, he had never held a regular job, although he'd been in many job-training programs. After a month, he was caught drinking and made to leave Three Rivers.

Sometimes, in the evenings, during the first week or so, I would be filled with a longing to be free and I would feel like crying. Then someone abandoned three adolescent puppies near the lodge, and we adopted them. One puppy was my companion every evening when I took a walk in the almond orchard out behind the centre and I wasn't so lonely any more.

At night, I consulted my *I Ching*, an ancient Chinese text used for divination. I asked how I could bear it another day. The *I Ching* advised me that I was where I was for a purpose and needed to hear what was being said to me.

Maybe so, I thought, and anyway, I was tired of arguing over such issues as "it doesn't matter what you drank only that you drank – you drank to get drunk." I felt that it did matter that I liked only fine wine – but maybe it didn't matter that it mattered. I began to listen without a need to correct the speaker's (many) errors.

We were awakened by a buzzer at 6 a.m. each day. I scrubbed floors and washed what seemed like a million dishes and hated being under someone else's thumb.

A big, vulgar-spoken woman who was "bookkeeper" made it her business to check up on the goings on inside the lodge. She heard I was taking a plate of food into my room and confronted me (actually it was my roommate, but I didn't snitch on her). The bookkeeper also sneaked into my room one morning to bust me for not making my bed, which made me angry. How dare she violate my privacy and judge my housekeeping! The afternoon I was busted for being untidy, I spoke with indignation at a group rap session.

"The very idea. That gross, ignorant, trouble-making woman! And here I am under the thumb of a dumb person like her – what an outrage! She's so sinister – whenever you see her lurking around, you know she's up to no good! You almost hear the theme music from "Jaws" when you see her. ("Jaws" became her nickname from then on.) I hate her. I hate being here."

Beaver, my counsellor, let me vent my rage. When I was finished he said, "Jaws is doing you a favour. The trick, you see, is figuring out how you came to be under the thumb of this ignorant, gross woman and how **you**, not "fate," can take steps to avoid ever having to go through this sort of stuff again. Think about it. And be grateful to "Jaws" that she isn't making your stay here enjoyable, lest you tend to make a habit out of alcohol treatment centres. There are those who have that habit, you know."

Time passed. The summer wore on. The other residents became, sort of, like family. I got not to mind coarse language and to enjoy, a little, stories about "on the street" and "in jail." But I was still counting

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the days until my release. I still didn't think I was like the others, that I "deserved" to be in a place like that.

In group rap sessions, I would watch the other residents as they sat idly thumbing through old copies of *Reader's Digest* or even snoozing, and I would think how they weren't really there seeking help at all, as badly as they all needed it. They were only there for respite from "the wars," for a little Rest and Relaxation. They would soon be back on the streets, leading lives of stupid desperation.

Yet, I thought, wasn't I doing the same thing myself? I wasn't there to learn how to live without alcohol. I was there to avoid going to jail or having to run away from California.

"Examine your motives," Beaver, would say. "Look inside yourself."

Once, during a rap session, the houseman told his life story. He had ridden a freight train into Stockton one day years ago and had survived by panhandling and scavenging in garbage cans before being saved by AA and Three Rivers. He ended his testimony by saying how he was never tempted by alcohol any more. When he went down to Wino Park to check up on his former associates, he would not be tempted to drink from the jug they passed around.

I said I thought that was disgusting, that no matter how strongly I might desire a drink, I would never take a swig from a jug being passed around in a wino park.

Another counsellor, Billy R., asked me if the way I drank wasn't disgusting too. Hadn't it caused me and my children misery? Hadn't my drinking gotten me as drunk as those winos in the park, and hadn't it landed me in a alcohol treatment centre? Of course, all of this was true. I was not a denizen of skid row, not a candidate for "the joint," not a "Wynette" in the sense that my life was given over to drinking. But, I was a Wynette in the sense that I drank when life got too rough, that I did so even though it interfered with my life (caused my children anxiety, caused me to suffer terrible remorse and self-incrimination in the aftermath), and had caused the loss of judgment that had led to this 90-day sentence. I did not respect people who got drunk. Yet I got drunk myself. All the rest of it – whether or not I was on the road to sleeping under the bridge, seeing Sasquatches on Parade, dying of cirrhosis – was of no significance, really. What mattered was that I had a problem with alcohol and I needed to get it out of my life. I had to accept that I was, then, a Wynette. (And, I would not indulge in any more discussions about who was or was not an "alcoholic." It didn't matter, all that criteria.)

It used to be that I drank because life's burdens had become too heavy. I felt such a tightness in my throat – as though I would suffocate – and an oppressive weight on my chest. Alcohol would alleviate this emotional pain, take away my worries (indeed, impair my ability to worry), but it exacted too high a price.

I began attending the sweat lodge, taking my anxiety in there. And, although I didn't believe in "God" (again, this was something, the God issue, that didn't matter any more), in the sweats I prayed for both strength and endurance.

The intense heat inside the sweat lodge peels away layers of nonsense and helps one focus one's thoughts quickly and clearly – to come to the heart of what it is, truly, that is the cause of concern. Pettiness and self-deceit is difficult to hang onto then. You suffer the heat. You sweat. You survive. You develop discipline and concentration.

In the beginning, it would take 20 minutes or longer in front of the steaming rocks before my feelings of turmoil subsided. After a while, that awful anxiety would dissolve as soon as I got a glimpse of the rocks. Beaver told me that eventually I would be able to stop that feeling simply by recalling the image of the rocks, but so far that hasn't happened. I am able to ride out the anxiety, though, to endure the discomfort until it finally passes away, without having to turn to alcohol.

I have been free of alcohol for almost nine months now. On Thanksgiving, my little girl told me that this was what she was most thankful for. I return to Three Rivers every now and then to attend the sweats and talk with Beaver.

After the sweat that late December night, I felt calm and at peace. I sat outside on a bench near the fire in the bright moonlight and remembered my story – how miserable it was in the beginning and how meaningful it finally became. I remembered one evening in late summer when I sat out in the backyard chatting with Beaver and Jaws (who had come to sort of like her nickname), and Billy R., and some of the other inmates.

"Do you still hate it here?" Beaver asked me. I shook my head. "I told you, didn't I," said Beaver, "that someday you'll look back on this as The Garden of Eden? You'll tell your grandkids about it."

"Yeah," Jaws said, "They'll say 'Tell us, again, Grannie, about Three Rivers, about Beaver and Jaws and them'. . ."

"And I'll say," I said, "Well, it was the summer of '82, that was back in the days when I was a Wynette . . ."

It is beautiful out here at Three Rivers, I thought, a place where a person can learn to quit alcohol and set his or her life on the right track. "What we try to do here," Beaver had told me the first day, "is to give you back to yourself." I think Three Rivers has succeeded in doing this for me.

In sweats, I learned to endure and to have trust in my own strength and to not be afraid. Sometimes, the heat was so awful that I felt like I could stand it no more, but I would stay inside and endure and felt better for it. "So it is with life," the sweat leader said. "You might think that you can't take it, but you can."

Unit III:
Prevention of Addictions

Part A: Information

Knowing that alcohol and drug abuse is "not good" is not enough to either prevent it from beginning or to stop it once it has begun. It is essential that both teachers and students possess accurate information regarding substance abuse in Native communities.

The five student handouts included in this section offer guidelines, statistics, and information about some of the consequences of alcohol and drug addiction, and are designed to generate thought and discussion amongst students. The handouts include:

- Student Handout 1: Introduction to Addictive Behaviour
- Student Handout 2: On Drinking Alcohol
- Student Handout 3: Alcohol and Pregnancy Don't Mix
- Student Handout 4: Narcotics and Stimulants in the Native American Past
- Student Handout 5: Summary of Alcohol Facts/Information

An activity sheet is also included (Activity Sheet 1: Reasons for Drinking: Healthy Alternatives) and is intended to challenge participants to look at reasons for drinking and plan alternative strategies. This activity can be done individually or in small groups. An Answer Key for the instructor offers suggestions that might be built into subsequent debriefing.

Introduction to Addictive Behaviour

Addictive behaviour is behaviour that is out of control. It is a process that takes control, causing us to do and think things that are inconsistent with our personal values and leading us to become progressively more compulsive and obsessive. A sure sign of addictive behaviour is the need to deceive ourselves and others – to lie, deny, and cover up.

Like any other serious disease, addiction is progressive, and it will end in death if not treated. The disease of addiction affects four areas of life – the intellectual, spiritual, emotional, and physical areas. At the emotional/intellectual level, addiction keeps us unaware of what we feel or think. We do not have to deal with our pain, anger, or joy or love because we do not feel them. We lose sense of what is real, and begin to rely on confused perceptions to tell us what to think and to feel. Over a period of time, this lack of internal awareness deadens our internal processes and allows us to remain addicted.

As we lose contact with ourselves, we also lose contact with other people and the world around us. As the addiction dulls and distorts our physical capabilities, we fail to respond accurately to the people we come in contact with and lose the ability to communicate and become intimate with others, particularly those people closest to us.

We are aware that something is wrong, but our addictive thinking tells us it's not our fault. This thinking also tells us that our recovery is in the hands of others. Addictive behaviour also absolves us from having to take responsibility for our lives. People with addictive behaviours tend to be dependent, feel bad about themselves, and have a sense of powerlessness.

Addictions in general can be divided into two main categories: **substance addiction** and **process addictions.** Both types of addictions function in essentially the same way and produce the same result. In today's society, addictions are common and most addicts have multiple addictions. Addictions eventually exhibit similar behaviourial dynamics and processes.

Substance addiction are addictions to substances. The substances are usually ingested into the body and are artificially refined or produced. These substances are mood-altering and lead to physical dependence. Substances can include alcohol, drugs, nicotine/caffeine, or food.

Process addictions occur when a person becomes hooked on a process. The process involves a specific series of actions or interactions and gives the person the same feeling of a "high" that he or she would get from a substance addiction. Process addictions can include work, gambling (bingo), sex, religion, worry, and relationships.

As the addiction progresses, more of the addictive substance or action is required to give the desired "high," and in the later stages no amount is ever enough.

The addictive behaviour common to Native people, families, and communities is the result of experiences they have gone through over the years as their culture evolved. The changes they experienced have affected the physical, psychological, and spiritual parts of their beings.

Native people are now sorting out and redefining their culture, and in this process are adding many concepts of the non-Native culture and making these concepts their own. As a culture is continually in a state of change, the values and beliefs of the people are continually tested. Due to this instability and movement, people tend to take on addictive behaviours and addiction diseases.

How do we come to have addictive behaviour? The substance addictive behaviour is physiologically rooted, not psychological, and this physiological condition largely determines whether a person will become addicted or not. Hormones, enzymes, genes, and brain chemistry influence each other to create an abnormal addictional reaction to a substance. The addictive behaviour is **influenced by** psychological, cultural, and social factors, but are not the **cause** of the addiction.

The process addictive behaviour is a learned addiction. This addictive behaviour has physiological aspects in that the process produces a "high," but it is also greatly influenced by culture and social factors, as well as by the psychological state of the person. The process addictive behaviour can be traced to the family of origin. This addictive behaviour has to do with nurturing, role modelling, the structure of the family of origin, and society as a whole, and to how the individual interacted in these situations.

The addictive behaviour is a treatable disease. Recovery is a slow process involving a holistic approach to the disease. Recovery requires the "unlearning" of established behaviours and patterns, and the learning of new ones. The recovery process includes abstinence, education of the addicted person, and counselling. Many people aid their recovery with twelve-step programs developed by AA and other self-help programs.

This is a initial introduction to addictive behaviour. By gaining a basic understanding of what an addictive behaviour is, we can expand these concepts to specific addictions.

> We're not animals, but we act like animals when we drink. It's no good. When you drink this stuff, you think you're just playing with it, but you're not . . . It controls those who drink it . . . When it controls us it really controls us and only wants us to do bad things, never good things. But Whoever made us breathe and created us should be the only One to control us. We should live His rules. Then things wouldn't be so bad and there wouldn't be anything evil in this world . . .
>
> When they drink, people don't know they're stealing or breaking into someone else's property. That's why lots of our people are locked up. We don't like it. This alcohol spoils everybody and it worries a lot of people . . .
>
> Ever since we started to drink, our people drown, freeze to death or commit suicide. They pass away even when they're in good health, when they're not sick. They still die because of alcohol. Old men, old women, young boys, young girls, all alike pass away because of it. We wouldn't mind if they pass away because of sickness. But it's not like that.
>
> Mary Madeline Nitsiza (Dogrib)

Alcohol and Drug Abuse are Symptoms

Just as a fever in the human body is a sign that the body is sick and is trying to purge itself of impurities, so the abuse of alcohol and drugs in Native communities is a sure indication that something is terribly wrong in the spiritual, cultural, social, and economic life of the entire community.

In Canada, we now spend upwards of $500 million a year[2] in attempting to alleviate the effects of alcohol and drug abuse in Native communities. Unfortunately, the major portion of this money is spent in the hopes that the problem will go away. The actual elimination of alcohol and drug abuse among Native people is unthinkable, is it not? It is a disease. It has penetrated nearly every Native family in Canada. How can it be eliminated?

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[1] Adapted from Four Worlds Development Project, *Understanding and Preventing the Problem of Alcohol & Drug Abuse.*

[2] This figure represents an estimate based on the annual budgets of all national and provincial alcohol and drug abuse programs that cater to a primarily Native clientele, and 70% of all Native health programs including hospital and extended care facilities. Hospital records show that between 60-80% of all hospitalization and deaths of Native people are alcohol related. As well, this figure includes Department of Social Service figures for agency costs related to family breakdown and child care where the cases are related to alcohol abuse, and Department of Justice figures for alcohol-related crime intervention, prevention, and detention. It also includes estimates of costs for special services in education ranging from diagnosis to remedial teaching in Native communities.

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A report prepared by the Department of Indian Affairs and Northern Development[3] revealed the following disturbing statistics:

- Between 50 and 60 per cent of Indian illnesses and deaths are alcohol-related.
- In Saskatchewan, between 1970 and 1975, hospital admissions for alcoholic psychosis and alcoholism for Indians in the 25-55 age group were five times the national rate.
- About nine per cent of the prison population is Indian or Native, compared to population figures that indicate about three per cent of the national population is Native. A high proportion of the offenses are alcohol or drug related.
- Violent deaths among the Native population are three to four times the national level. Suicides, particulary in the 15-24 age group, are more than six times national rates.
- The life expectancy of Native people is ten years less than the national population.
- The current rate of perinatal and neonatal mortality among Native people is approximately 60 per cent higher than the national rate.
- Post-neonatal mortality among native Indians is twice that of the national rate.
- The proportion of Indian children in foster care is approximately five times the national rate.
- The incidence of fetal alcohol syndrome[4] is significantly higher among Native children than the general population.
- Between 50 and 70 per cent of the Indian population receives social assistance (this varies from community to community).
- The level of Indian juveniles considered delinquent is almost three times the national rate.
- While total secondary education enrolment in the general population has more than doubled since 1965, the proportion of Indian children enrolled has been steadily declining since 1972/73.
- Successful school completion among Indian students remains less than one-quarter of the national rate.
- Indian participation in universities is one-half the national level.
- During the 1978/79 fiscal year, $5.5 million was spent directly in the area of Indian alcoholism by the federal government; $24.8 million on child care; $104 million on social assistance; $94 million in medical services; and $1.7 million on legal services and Native justice.

How Alcohol Affects Children

Perhaps the most heart-rending of these statistics are those concerning the number of children who appear to have been permanently damaged mentally, emotionally, and physically, (and ultimately spiritually), because their mothers drank during pregnancy, or because they were nurtured in a alcoholic environment.

When an expectant mother drinks, the unborn child drinks as well. Alcohol passes from the bloodstream of the mother through the placenta and into the bloodstream of the child. Even a small amount of alcohol can have serious effects on the development of the child in the womb. Since alcohol is a powerful depressant, it can greatly decrease the rate of growth, affect the development of the brain, and cause abnormalities. Children affected in this way are said to be suffering from "fetal alcohol syndrome."

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[3] *Indian Conditions: A Survey*, Department of Indian Affairs and Northern Development, Ottawa, 1980.

[4] See the following section, "How Alcohol Affects Children" for an explanation of fetal alcohol syndrome.

Babies born to alcoholic mothers sometimes have so much alcohol in their bodies that they spend the first few days after birth experiencing all the symptoms of alcohol withdrawal – they are unable to eat or sleep properly, have constant tremors, and smell distinctly of alcohol.

As these children grow up, they show characteristics that are different from those of a normal child: they are born small and stay small for their age for many years; their heads and brains are small and they are often mentally retarded; and they are frequently poorly coordinated, have difficulties learning in school, and have a hard time controlling their behaviour and emotions.

Not all children who are adversely affected by their mother's drinking during pregnancy show all of these characteristics. Some children are affected only slightly, and parents or teachers may not realize that a child is suffering from fetal alcohol syndrome.

Alcohol also affects the physical, mental, emotional, and spiritual development of children by affecting the quality of the world they live in as they grow up. Children of alcoholics suffer directly from malnutrition, neglect, and abuse. Native children suffer when they see family or community members inflict violence on themselves and others. They suffer because no one takes the time to tell them the old stories and teach them a way to live with dignity.

Each of the problems illustrated by these statistics in this handout is a huge one in its own right. Taken as a whole, these statistics indicate massive failure. Why this failure? Is it a failure of the Native people to adapt to the world as it exists now? Is it a failure of non-Native people to allow the Native people to control their own destiny? Can we blame the government? The schools? Could it be that these problems are surface symptoms of a deeper underlying problem?

Current Alcohol and Drug Programs

There is no simple answer, no simple solution. Programs aimed at the prevention and treatment of alcohol and drug abuse in Native communities have largely been aimed at one of the symptoms illustrated by the statistics, such as family breakdown, violence and suicide, crime and delinquency, child neglect and abuse, fetal alcohol syndrome, medical problems arising from alcohol and drug abuse, learning disabilities, etc. Many of the programs are short-lived, because they depend on government grants that come and go according to the political climate. Other programs are so lost in theory that they have little or nothing to do with the everyday life of the people they are trying to serve. The content of many current programs has tended to be culturally inappropriate, preachy, and shallow in its grasp of the true nature of the phenomenon. It has tended to speak to the symptoms, that is drinking or drug abuse *per se*, and not to such issues as individual identity or spiritual, cultural, social, family, economic, and political development.

Fundamentally, most current treatment and prevention programs have failed to promote a human development **process** in Native communities that will eliminate the **context** – the root causes that give rise to Native alcohol and drug abuse. It is clear that the social, cultural, and economic conditions among Native people must change before alcohol and drug abuse can be eliminated. Unemployment among Canadian Native people is about 35 per cent of the working-age population, compared to approximately 11 per cent of the national labour force. In addition, 88 per cent of Saskatchewan's Indians live in substandard housing, and the annual income of 88 per cent of Canada's Indians was less than $3000 (including welfare payments), compared to $8874 for the average Canadian.[5] These economic conditions, coupled with loss of identity and self-worth, have helped create a world of despair and pain for Native people from which escape, however temporary or damaging, is sought.

The situation is not hopeless, however. In recent years, Native alcohol education and treatment centres have been making tremendous improvements in treatment programs, in part because of the use of traditional healing ceremonies based on Native philosophy. School programs in alcohol and drug awareness have been providing information on the affects of alcohol and drugs, as have public and private agencies. The introduction of more culturally-based curriculum materials in schools is helping to support a positive self-image among Native children. We need to continue in these directions.

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[5] See *Indian Conditions: A Survey*, Department of Indian Affairs and Northern Development, Ottawa, 1980.

The approach, however, is still very piecemeal and, as such, is not sufficient. Spending an hour or two a week on alcohol awareness, Native studies, or building self-esteem, while the many other hours in school fail to meet the needs of the whole child, is like putting new screens on windows while the foundations of a house are crumbling.

Ultimately, the prevention of alcoholism and addiction can only be achieved by neutralizing the underlying causes of these problems. These causes are rooted in the way that Native people live their lives together in their communities. They are rooted in the lives of elders (some of whom have lost hope); in the relationship between the younger people and their elders; in the deeply troubled conditions of families; in the political power struggles that tear apart communities; in the economic dependency created by the loss of an economic base for the community; in the loss of a sense of dignity, of worth, and of hope for a better future; and in the spiritual forgetfulness that has lulled Native people into living their lives as if there will be no tomorrow.

> It is . . . the long-standing argument by Indian leaders that the rates of social pathology among Indians – that is, incidence of incarceration, alcohol abuse, and suicides – are in large part attributable to assimilation policies and the inability of Indians to control their own affairs.
>
> Menno Boldt, Leroy Little Bear, Anthony Long

Questions to Think About

1. How many people you know died in the past year of causes related to alcohol and drug abuse (liver disease, as the result of an accident, etc.)?

2. How many people you know have been arrested, charged, or convicted in circumstances related to alcohol and drug abuse during the past year?

3. Do you know any children in your community who are affected by fetal alcohol syndrome or the effects of their mother's drinking during pregnancy?

4. How much money, do you imagine, is spent on alcohol by community members? How do you think this money compares with the amount spent on food? On education?

5. How much does the use of alcohol and drugs by your community members cost (through vandalism, health care, the cost of supporting people in prisons or treatment centres, the need for alcohol-treatment for employees [counsellors, workshop facilitators, sending these people to conferences, etc.], special education costs, and child care costs)?

6. From what medical problems do community members suffer because of alcohol and drug abuse (directly or indirectly)?

7. How many people cannot be gainfully employed because of their abuse of alcohol and/or drugs?

8. How many family breakdowns do you know of in your community that are at least partially due to alcohol and drug abuse?

9. What programs are currently available to your community members to help them overcome alcohol and drug abuse problems? What are the objectives of each of these programs?

10. What do you feel about the potential of Native people to heal their communities?

Can alcohol harm an unborn baby?

Yes. Research shows that alcohol can harm an unborn baby. Alcohol use during pregnancy is the third most common source of birth defects.

When a pregnant woman drinks, her baby drinks, too. Alcohol remains in the fetus' blood twice as long as in the mother's. The alcohol effects the unborn baby's brain and nervous system.

Scientists have found that many children born to women who drank heavily while pregnant have a pattern of physical and mental defects. They call the more severe problems "fetal alcohol syndrome" (FAS).

Characteristics of fetal alcohol syndrome include

- small birth size; never catches up to normal growth
- small head size and small brain
- narrow eye slits
- a thin, flattened lip
- a short, flattened nose
- heart defects and problems in the joints
- behavioural problems such as hyperactivity
- mental retardation

Does alcohol affect each unborn baby in the same way?

No. We don't know why this is so. Since it's not yet possible to predict how a baby will be affected, women are urged to avoid alcohol completely during pregnancy.

How much alcohol is safe to drink when I'm pregnant?

No amount of alcohol is safe to drink during pregnancy.

But what if I just drink on the weekend – isn't that OK?

No. Binge drinking (drinking a lot at one time) may be just as dangerous as an everyday habit.

Does the alcoholic's baby go through withdrawal?

Yes. Sometimes infants are born as alcoholics because their mother's drank during pregnancy. These babies suffer from the early stages of liver disease and go through withdrawal symptoms after birth.

What happens if the father drinks?

So far, there is no evidence that alcoholic men will father children with fetal alcohol syndrome.

Does it make any difference to the unborn baby if an alcoholic mother stops drinking during pregnancy?

Yes, it can. When drinkers stop drinking during pregnancy, their chances of having a normal child or a child with fewer defects improve.

Early native Indian societies restricted the use of narcotics and stimulants to special feast days, such as weddings, births and death, special tribal days, and for religious and ceremonial use. Alcohol use was controlled. Alcohol abuse was not tolerated. Its use was not the focus of an activity but a complement to an activity.

Alcohol was used in Mesoamerica (most of Mexico and Central America), the Southwest, and in some areas of the Southeast. Beverages were concocted from agave and dasylirion, cacti, maize, mesquite and screwbeans, and persimmons, to name a few. Agave juice, however, was only three to four per cent alcohol, and was noted for its nutritional value (sugar, gums, heavy concentrations of vitamin B-6, and vitamin C). With its heavy water content, it was drunk during water shortages and when there was evidence of water contamination.

Tobacco is native to the Western Hemisphere. A dozen species of tobacco grew wild or were cultivated in those areas where maize was cultivated (i.e., Mesoamerica, the Southwest, and the East). Some Indians smoked tobacco in a pipe or as a cigarette in rolled cornhusks. It was also pulverized and made into pellets to be dissolved in the mouth or dissolved in a drink. One must remember, however, that tobacco at this time was pure and uncontaminated by all the chemicals used in the tobacco industry today. As with alcohol, tobacco was not used to the point of abuse. Shamans used tobacco in their religious ceremonies, and the medicine men and women used it in their healing ceremonies. Along with foodstuffs, white settlers sent tobacco back to Europe. It was a highly desirable commodity, like gold.

Narcotics consisted mainly of peyote (from the cactus family); jimsonweed, also known as thorn apple; the trumpet-shaped flowers of the datura plant; a narcotic mushroom; seeds and mescal beans; and a black drink made from the leaves of an illex cassine tree. Again, these drugs were used under controlled conditions by shamans for religious purposes, by medicine men and women for health care, and in ceremonies unique to each particular Indian society.

The general use of these substances did not occur in what is now the United States until the arrival of early European settlers. Even though Mesoamerica, the Southwest, and parts of the Southeast saw predominant use of alcohol and peyote, parts of the Pacific seaboard, the Pacific Northwest, and some of the Plateau area did not use **any** of these substances. Thus, when early settlers dropped kegs of whisky near Indian encampments in the Pacific Northwest, the results were devastating. The Indians had no cultural experience of how to use alcohol, so they used to deaden their anxiety, although temporarily, over the loss of their lands.

Student Handout 5

Summary of Alcohol Facts/Information

1. Alcohol is a psycho-active drug.
2. Alcohol is a depressant.
3. Alcohol is oxidized by the liver at a set rate, which cannot be hurried.
4. Alcohol is an anaesthetic.
5. Alcohol passes more slowly into the bloodstream if there is food in the stomach.
6. Very small amounts of alcohol are excreted via lungs, sweat, and urine (2 to 5 per cent).
7. Alcohol may relax you and make you less able to make responsible decisions.
8. Alcohol may cause mood swings.
9. Many criminal acts involve alcohol.
10. Alcoholic equivalent drinks: 1 beer = 1½ light beer = 1½ oz. liqueur or hard liquor = 3 oz. fortified wine = 4½ oz. table wine. (All contain the same amount of ethyl alcohol.)
11. Alcohol is likely to make you less cautious.
12. Alcohol impairs your ability to form judgments.
13. Alcohol affects vision by decreasing:
    - peripheral (side) vision
    - frontal vision and focussing
    - ability to recover from glare
    - number and speed of scans
    - depth perception
    - colour sensitivity.
14. Alcohol decreases your ability to react and reactions may be exaggerated.
15. Alcohol may make you less patient.
16. Alcohol impairs muscle coordination.
17. Alcohol lowers general body arousal and makes your body less alert.
18. Alcohol impairs hearing.
19. Alcohol impairs sense of touch.

20. Alcohol impairs your memory.

21. Alcohol may give you confidence.

22. Alcohol may make you more aggressive.

23. Alcohol affects the higher centres of the brain. It will impair your reason, caution, memory, judgment, senses, and self-control before it affects coordination and balance.

24. Alcohol interacts with other drugs, and this can increase impairment.

Reasons for Drinking: Healthy Alternatives

Healthy and Safe Alternatives to Alcohol and Drug Abuse

Reasons People Give For Using Drugs	What Alternatives Can You Think Of?
To relax; to feel good physically	
For thrills	
For relief from problems and uncomfortable feelings	
To feel accepted by people; to feel that you belong	
For relief from mental boredom; to stimulate your senses	
To help you feel in control of your life	

(Sample answers only)

Reasons People Give For Using Drugs	What Alternatives Can You Think Of?
To relax; to feel good physically	Physical recreation or sports, including Tai Chi, karate, or judo; relaxation exercises, creative visualization, yoga.
For thrills	Classes or training in mountain climbing, sky diving, scuba diving, river rafting and kayaking, wilderness survival, horseback riding, public speaking or debating; volunteering in community theatre.
For relief from problems and uncomfortable feelings	Professional counselling; support group; journal writing; learn how to improve self-esteem and self-awareness; talk and be with people you trust; develop own interests and hobbies.
To feel accepted by people; to feel that you belong	Join a youth group; participate in support groups; make friends with people who don't use drugs; become a volunteer; attend church; participate on a team; help plan a social event.
For relief from mental boredom; to stimulate your senses	Read, study, or practice a musical instrument; join a choir or vocal group (or start one); play creative games and puzzles; make a collage out of magazines; write a story, poem, or article for a newspaper or magazine.
To help you feel in control of your life	Talk with a school counsellor or course instructor about your interests and try to find meaningful part-time employment; do volunteer work; make a schedule for one day and stick to it; learn how to say "No"; make a goal plan for the day or week and follow it.

Part B: Building Self-Esteem

Children of addicted parents have lower self-esteem than those who do not come from homes where substance/process addictions are present. Self-esteem is based on the amount of respectful, accepting, and concerned treatment people receive from significant others. It is logical to assume that the lack of these conditions in an addictive home would negatively influence an individual's ability to feel good about him or herself.

This section is designed to help students feel good about themselves as individuals, as students, and as members of their families and community. Building self-esteem involves helping each student to appreciate his or her uniqueness (in terms of physical characteristics, strengths, weaknesses, likes and dislikes, and personality). It also involves giving students opportunities to succeed in what they are asked to do, and to contribute meaningfully to the social units of which they are part (e.g., classroom, family, community). Building self-esteem, especially for students who are part of a minority group, includes feeling confident and proud of their identity as a member of that group. Finally, self-esteem is enhanced when students are able to identify aspects of themselves that they would like to change and when they feel confident in their ability to make those changes.

An adult education program can build activities that promote self-esteem into the curriculum. Such a program can also build self-esteem by making sure that the curriculum content of all courses reflects a positive image of minority groups. Community resource people can be very effective in helping a school assess how its current program may be effecting the self-esteem of the students and how it can become more supportive of student needs in this regard. The cultural values of the students can be reinforced in the way the school is organized and in the way that learning and teaching is approached.

A short introductory handout, Student Handout 6: Self-Esteem defines self-esteem for students, and is followed by three activity sheets. These activity sheets are

- Activity Sheet 2: Personal Strengths and Abilities. (To be filled out and discussed in class.)
- Activity Sheet 3: Building Self-Esteem. (To be filled out and discussed in class.)
- Activity Sheet 4: Rank Your Values. (To be filled out, reflected upon and, if students so desire, shared. This activity is designed to give students a deeper knowledge of themselves, and of their values.)

The final handout, Student Handout 7: Distinguishing Needs and Wants, is followed by Activity Sheet 5: Needs and Wants. (Note that students will need to read Student Handout 7 before competing Activity Sheet 5.

If teachers intend to work through this whole unit, it is suggested that they distribute and discuss the handouts and activity sheets in the order in which they are presented. For instance, after students have read Student Handout 7: Distinguishing Needs and Wants, ask them to write in their needs at the appropriate level on Figure 1: Maslow's Need Pyramid. Invite students to share examples from what they have written. Then discuss the results by asking questions such as,

- *Which needs levels have lots of entries?*
- *Which ones did not?*

- *Why do you think that happened?*
- *Are some needs more important than others?*
- *Can you think of needs you have that fit each level?*
- *Are some of the "needs" you have listed actually "wants" and vice versa?*
- *What do needs and wants have to do with alcohol/drug education?*

Then give students a copy of Activity Sheet 5: Needs and Wants and ask them to read and think about the questions before answering them. Be sure to tell them that the answers they give are confidential. Remind students that they may certainly give critical answers to question 4, but that answers such as "nothing" and "a lot" are insufficient. Answer Key: Needs and Wants offers instructors some sample student answers.

Self-esteem is a term that has been popularly used for over 20 years. We all have a bit of a working knowledge, at this point, of what self-esteem means and why it is important. Self-esteem means having a high regard for oneself, self-worth, self-confidence, and self-acceptance.

In this section, we offer you the means by which you can gain greater self-knowledge – to help you, perhaps, clarify the answers to such questions as "Who am I?", "Where do I fit in this world?", and "What can I do?"

The way you feel about yourself colours the choices you make every day. These choices are related to friends, family, politics, religion, family, work, health, and the way you manage your life.

Here are some points regarding self-esteem to keep in mind:

- Every person, including yourself, has special strengths, abilities, interests, and values.
- When you feel good about yourself, you are more likely to make choices that improve the quality of your life.
- People who are important to you influence your self-esteem and self-image.
- There are ways to build up your self-esteem.
- Sex roles and race stereotypes affect self-image and your hopes for the future.

Personal Strengths and Abilities

1. What do you think are your best qualities, strengths, and abilities? (Think about your personality, your talents, your interests, what people tell you you're good at, etc.)

2. What particular skill would you like to develop that you don't have now?

3. What quality about yourself would you like to change? Why?

4. Would you like advice on how do to this? (Check one)

____ Yes ____ No

Activity Sheet 3 Building Self-Esteem

1. What is self-esteem?

2. What is high self-esteem?

3. What is low self-esteem?

4. Here are some sentences that could either build up self-esteem or break it down. Put a checkmark (✓) next to the statements that would make you feel **good** about yourself, if someone said it to you.

____ Thanks for listening to me.
____ Quit asking such stupid questions!
____ You seem to care a lot about people.
____ You're fun to be with.
____ I like your honesty.
____ How many times do I have to tell you...!
____ Each step you take counts. Keep up the good work!
____ You never get anything right!
____ I appreciate your willingness to try.
____ You're a real friend!

5. Think of some things you could say to people that would either build up their self-esteem or break it down.

Statements That Could Build Up Self-Esteem

a) ______________________________

____

b) ______________________________

____

c) ______________________________

____

Statements That Could Break Down Self-Esteem

a) ______________________________

____

b) ______________________________

____

c) ______________________________

____

6. What if your friend said, "I'm stupid ... I will never pass Algebra." How could you build up your friend's self-esteem?

I could ______________________________

____

____

____

7. What if your sister or brother (or daughter or son) said, "Nobody likes me. I don't have any friends." How could you help that person build-up his or her self-esteem?

I could ______________________________

____

____

____

Rank Your Values

Rank the value statements below according to what **is** true for you **today**, not what you think should be true. (You will not be asked to share your answers unless you want to.)

If the value statement is very important to you, put an "X" in the column marked "Strongly Agree." If the statement is somewhat important to you, put an "X" in the column marked "Somewhat Agree." If you have no particular feelings about the statement, put an "X" in the column "Not Important."

Value Statements	Strongly Agree	Somewhat Agree	Not Important
1. All people should be treated with respect and have the right to freedom and dignity.			
2. People should cooperate with each other.			
3. Women and men should both be equally strong forces in society.			
4. People should be held responsible for their own actions.			
5. Giving and sharing is very important.			
6. Individuals should have the freedom to lead their own lives as they choose.			
7. My family is very important to me.			
8. People should develop a strong and lively sense of humour.			
9. People in a community should have equal access to goods and services.			
10. Mother Earth/Nature should be honoured and protected in all ways.			
11. It's necessary and important to use laws and punishment to keep people in line.			
12. My spiritual life is very important to me.			
13. I accept family and community pressure for me to succeed.			
14. It's important to feel a strong sense of loyalty to family and community.			

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Why do we do the things we do? Why do we go to school? Why do we work? Why do we do anything?

In his famous work, *Motivation and Personality*, Dr. Abraham Maslow hypothesizes that everything we do is done for a purpose. That purpose, whether we realize it or not, is to satisfy our **needs**.

According to Maslow, everything we do is done to satisfy a need. We spend our entire lives – work, rest, and play – trying to satisfy our needs. If this is true and if we truly understand our needs, then we can understand our own behaviour.

Needs and Wants

To begin, we should understand the difference between a **need** and a **want**. A "want" is a conscious desire for something. If you have a want, you know it – whether it's wanting a vacation, a new pair of shoes, a date with so-and-so, or simply an extra piece of dessert. You always are consciously aware of your wants.

A "need" is something different. A need is a basic human requirement, but a person may or may not know that it exists. In other words, while a want is always conscious, a need may be conscious or it may be unconscious. If you need a drink of water, you are likely to know it, but if you need to make up a vitamin deficiency, or need recognition from someone, you may not be consciously aware of it. But, if Dr. Maslow is right, you will be motivated (driven from the inside) by your need, whether you are aware of it or not.

Five Basic Needs

If Maslow's theory is correct and people work to meet their needs, it would be good to identify these needs. Dr. Maslow has suggested that people have only five needs; everyone has the same needs, and everyone spends his or her life trying to satisfy them, even though we may try to satisfy our needs in different ways. In a way, it is these needs, which are common to all people, that make us human. They seem to be a basic part of human nature.

The needs, which occur in the order shown below, can briefly be described as follows:

1. **The Survival (physical) Needs**

   It is our need for the basic body needs (food, water, air, rest, elimination, etc.) that keep our bodies alive. These needs come first. We must meet them or we will die.

2. **The Security (safety) Needs**

   First, we need to stay alive, and then we need to be safe. There are two kinds of safety needs: the need to be **physically** safe and the need to be **psychologically** safe or secure.

3. **The Acceptance (love and belonging) Needs**

   Once we are alive and safe, we then try to satisfy our social need – the need to be with and accepted by other people. We discover our need for love.

4. **The Self-Esteem Needs**

   After our first three needs are fairly well met, we try to satisfy a fourth need. This is a need for recognition and respect. This need has two parts: self-esteem (thinking well of ourselves) and the esteem of others.

5. **The Self-Actualization (or "making-the-most-of-myself") Needs**

   The highest need of humans is to actualize the self – for each individual to achieve his or her full potential, to become all that he or she might be. This need is one that no one ever satisfies completely, partly because we are too busy trying to satisfy our lower needs.

If Dr. Maslow is correct, these are the five levels of things we are striving for and whatever we do is done in an effort to meet one or more of those needs.

Some activities are more rewarding than others in helping us meet our needs. The wise person will try to spend his or her time doing those things that are most rewarding.

The Need Pyramid

There are some additional things that need to be said about Dr. Maslow's theory. As you already know, Maslow suggests that human needs occur in the order mentioned above. A good way to visualize the order in which our needs occur, is to think of a pyramid, as shown in Figure 1.

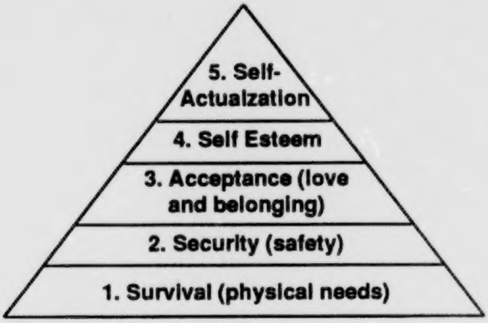

5. Self-Actualzation
4. Self Esteem
3. Acceptance (love and belonging)
2. Security (safety)
1. Survival (physical needs)

Figure 1: Maslow's Hierarchy of Needs

You are always trying to climb the pyramid. You have to reach the first step before you can get to the second. You must reach the second step before you can reach the third, and so on. During a day or a week, things happen that tend to push you up or down the pyramid, but you are always trying to climb as high as possible.

Let's look at an example of people moving up and down the pyramid. Suppose that two friends are riding home from school on their bikes. It's a Friday afternoon, and they're laughing, horsing around, and talking about tonight's hockey game. They're probably somewhere in the middle of Maslow's pyramid, trying to satisfy their needs for Love and Belongingness and Esteem.

Suddenly, a truck roars around the corner at high speed and heads straight for them. What happens? Well, it is likely that they will forget all about Love and Belongingness and Esteem and start thinking about Safety in a hurry. Their Safety needs are threatened and they act accordingly.

Let's give the story a happy ending and say that the two friends escape the danger. What happens then? After they stop shaking, they will put their Safety need behind them and once again move up the pyramid to Love and Belongingness and Esteem. Later, they may even add a few details to the story to get a little extra Esteem from their other friends.

Thus, according to Maslow, each of us moves up and down our need pyramid every day. These movements usually are not dramatic, but we move just the same. We move down the pyramid every time we get hungry. We move up every time we try to impress somebody. But throughout the day, our basic drive is to climb as high as we can.

Activity Sheet 5 — Needs and Wants

Read Student Handout 7: Distinguishing Needs and Wants and then answer the questions below in the spaces provided.

1. What happens to people who don't get their needs met? What are some of the things they do?

2. What is a need in your life that is not met or only partially met?

3. What could you do to meet this need in a way that is helpful and positive for you?

Note: The following answers are only **samples.**

1. What happens to people who don't get their needs met? What are some of the things they do?

   - eat (as solace)
   - have sex with inappropriate types (also, as solace)
   - do dangerous things in order to intensify feelings of "being alive"
   - drugs and alcohol (to kill emotional pain – to quiet nagging fears)
   - become a political activist
   - become an artist
   - commit suicide

2. What is a need in your life that is not met or only partially met?

   - respect and recognition
   - accomplishment of an important goal
   - love
   - belonging
   - financial security

3. What could you do to meet this need in a way that is helpful and positive for you?

   - find some way to enable me to accomplish my goal
   - write a new book, then respect, recognition, and financial security might follow
   - accept that I might never have love again
   - cultivate friendships
   - give up the idea that I will ever "belong" – personal integrity is too important to belong to most groups, such as AA or ACOA

Part C: Goal Setting and Making Decisions

This section is on setting goals and making decisions. After the last section on self-esteem, it is possible that students will have a stronger sense of their values, their needs, and their wants. The next logical step is to begin to set goals (based on one's values, needs, and wants) and to make decisions.

While recognizing that no one is in **complete** control of their life, it is nonetheless important to feel that you **do** have a high degree of control and are not powerless or at the mercy of mysterious outside forces. This concept relates to the prevention of drug and alcohol abuse – when people feel that they have the power to influence the outcome of their lives, they are less likely to feel depressed or incapable of helping themselves and, in turn, less likely to turn to drugs and alcohol to alleviate these bad feelings.

All material in this section on goal setting and decision making is in the form of student handouts and activity sheets. While no single approach is suggested for teaching this section, do discuss each handout and activity sheet with your students and make sure they understand how to proceed.

This section contains two handouts and eleven activity sheets. Student Handout 8: Setting Goals is followed by eight activity sheets:

- Activity Sheet 6: My View of Goal Setting
- Activity Sheet 7: Life Plans
- Activity Sheet 8: Setting My Goals
- Activity Sheet 9: Writing Action Plans
- Activity Sheet 10: Making Action Plans
- Activity Sheet 11: Don't Get in My Way
- Activity Sheet 12: Helping it Work
- Activity Sheet 13: Realizing a Dream

Student Handout 9: Making Decisions is followed by three activity sheets:

- Activity Sheet 14: What If I Can't Decide?
- Activity Sheet 15: Visualization: Making a Decision
- Activity Sheet 16: Visualization: Choosing

Setting goals for yourself is an important part of living and growing. Goals are as varied as people, but some are similar – like the goal of getting out of bed at a certain time in the morning and going to sleep each night. Goals move us through our daily lives. Do goals move you in the direction you want to go?

Think of a goal as a destination you are trying to reach, usually to accomplish a certain purpose or objective. For example, pretend you are in a desert. You are very hot and thirsty and need to find water. Suddenly, you see a cool oasis (pool of water) in the distance. All of your mental and physical energy will be concentrated on reaching your goal (the oasis) to satisfy your thirst with cool water.

Sometimes, going to school or to work can seem like crawling through the desert. Even if you don't want to be there, you have to keep moving to get out. If you're in school, graduation becomes the oasis of relief. However, if you don't see graduation as something you need, you won't make the effort to reach it. On the other hand, if you understand that a diploma is practically as necessary to survival in our society as water in the desert, you will be motivated to get it.

To help you define what your goals are, you should begin by asking yourself some basic questions, like "What do I want?", "Why do I want that?", and "How can I get it?" This section is designed to help you identify your own goals and will show you how to work toward them. Once you have the ability to set goals and set them regularly, you will be more in control of your own life. When you are working toward your own goals, you will feel a greater sense of purpose, direction, and meaning in life. This will improve your sense of confidence in yourself and your self-esteem.

Setting goals and working toward them can help you in all areas of your life.

My View of Goal Setting

What's your opinion about setting goals? Respond to each of the statements below by placing an "X" in one of the columns. This will help you see your strengths as they relate to setting and achieving goals. It will also highlight areas you may wish to improve.

	Agree	Undecided	Disagree
1. I usually set goals for myself.			
2. I need to set goals for myself.			
3. I believe I am able to change my goals when necessary.			
4. Working toward goals involves risks.			
5. I believe I am successful in achieving my goals.			
6. When setting a goal, I try to think about the effects my goal may have on others.			
7. I like working toward goals I've set.			
8. After I have reached a goal, I usually feel satisfied with it.			
9. I usually set my own goals rather than just do what other people want me to do.			

Activity Sheet 7

Life Plans

Complete the following sentences with whatever comes to mind **first**. **Note:** There are no right or wrong answers!

1. Tonight I would like to ______________________________.
2. My favourite thing to do on a weekend is ______________________________.
3. Next summer, I'd like to be able to ______________________________.
4. I'd like to have enough money to ______________________________.
5. Someday, I want to go to ______________________________.
6. I'd like to be the kind of person who would ______________________________.
7. One interest I'd like to develop further is ______________________________.
8. I'd like to have the kind of friend who would ______________________________.
9. What I want to change most about myself is ______________________________.
10. What I like most about myself is ______________________________.
11. It would be O.K. with me if I never ______________________________.
12. I want to finish ______________________________.

Activity Sheet 8 Setting My Goals

Part A: Questions

Answer the following questions.

1. What is a **goal**?

2. What have you done recently that you feel good about?

Part B: Steps for Setting Goals

1. A goal should clearly describe what **you** want to accomplish. It should be meaningful and valuable to **you**. (It does not have to be meaningful and valuable to your parents or friends.)

2. The goal should be **realistic**. It should be something you can attain. We often set too many goals or don't allow ourselves enough time to reach the goals we have set. This only makes us feel like failures, which doesn't help.

3. The goal should have a **deadline date**. This is the date by which you plan to finish the goal. You should give yourself enough time to be successful.

Part C: Three Goals I Have for Myself

Three goals I have for myself are:

1. ____________________
2. ____________________
3. ____________________

Share these goals with a partner. Rewrite your goals, making them clear. Make sure to follow the three steps outlined above. Ask your teacher for help, if necessary.

Rewrite your three goals below.

1. ____________________
2. ____________________
3. ____________________

Now write **two** goals you would like to achieve for **each** of the time periods below. As you write each goal, think about the three steps you've learned.

My Goals for Today

Example: Wash my car and clean out my desk.

1. ____________________
2. ____________________

My Goals for this Week

Example: Find out if I can work part-time at the grocery store after school.

1. ____________________
2. ____________________

My Goals for this Year

Example: Complete my A.B.E. program.

1. ______________________________

2. ______________________________

My Goals Five Years from Now

Example: Earn a Bachelor's Degree in Computer Science.

1. ______________________________

2. ______________________________

Activity Sheet 9 Writing Action Plans

Now that you have set your goals, you need to set objectives. To practice, write two **objectives** for each of the goals below. (Objectives describe the action you would take to reach the goal. In other words, what are the steps necessary to accomplish the goal?)

Example

Goal: I will read one novel this month.
Objective: *This weekend choose the book I want to read.*
Objective: *Read one chapter every day.*

Goal 1: **Be in good physical condition three months from now.**
Objective: ______________________________
Objective: ______________________________

Goal 2: **Make one new friend by Christmas.**
Objective: ______________________________
Objective: ______________________________

Goal 3: **Complete two art projects by next spring.**
Objective: ______________________________
Objective: ______________________________

Activity Sheet 10 Making Action Plans

It's time now to think about your own goals. Today, you will have a chance to make action plans to accomplish some of your goals. This activity will give you practice writing objectives for your goals.

In the spaces below, write down your own goals and include **two** objectives for each goal. (A topic area is suggested for each goal.)

1. Write one goal and two objectives that relate to your current **educational** program.

Goal: ______________________________

Objective: ______________________________

Objective: ______________________________

2. Write one goal and two objectives that relate to your **job or career** planning.

Goal: ______________________________

Objective: ______________________________

Objective: ______________________________

3. Write one goal and two objectives that relate to your **personal** development.

Goal: ______________________________

Objective: ______________________________

Objective: ______________________________

4. Write one goal and two objectives that relate to your **friends or social life.**

Goal: ______________________________

Objective: ______________________________

Objective: ______________________________

Activity Sheet 11 — Don't Get in my Way!

O.K. You've decided what you want to do and how to plan to do it. Now what? Can you foresee anything that might get in the way of your plans?

As you probably don't have to be told, things don't always go the way you plan. If you can **foresee** what might possibly get in your way, you can sometimes do something ahead of time to get around it.

Barriers to Setting Goals

We can't accomplish goals that haven't been **set**. First of all, you have to set a goal. Some people find this difficult. Do you?

What gets in your way of setting goals? Why don't you set goals for yourself? Check (✓) the statements below that apply to you.

1. I don't know how. _____
2. I keep putting it off. _____
3. I'm afraid I won't be right. _____
4. I don't believe I can accomplish much. _____
5. I don't have time. _____
6. I don't see any reason to set goals. Life just happens. _____
7. Every time I decide to do something, I always fail. I'm tired of trying. _____
8. It's too hard to set goals. _____
9. I just don't want to. _____

Barriers to Achieving Goals

O.K. So you've set a goal. What could get in your way of **accomplishing** it? If any of the words below are barriers or obstacles to your goal achievement, state how they get in your way.

Friends

Unrealistic Goals

Expectation of Failure

Parents

Spouse

Job

How I Feel About Myself

Procrastination (putting it off)

Not Enough Money

Other (specify)

Activity Sheet 12

Helping it Work

1. You've already identified the things that can get in the way of attaining your goals, so now it's time to identify the people and places that can **help** you in one way or another. To do this, answer the questions below in the spaces provided.

   a) Who or what helps you achieve the goals you set for yourself?

   ____

   ____

   b) How do they help? (What kind of assistance do they give you?)

   ____

   ____

   c) Would you like more help with goal setting?

   ____

   ____

   d) Would you like more help with achieving the goals you've already set?

   ____

   ____

2. Use the chart on the next page to list the people and places that could help you achieve your goals and note how they could help.

Helpful People and Places	How They Can Help

Realizing a Dream

Think of a goal. It can be something you've dreamed of accomplishing for a long time, or it can be a new dream. It can be any type of goal – personal, financial, educational, etc. Complete your goal plan below and share it with a friend.

My goal is: ____________________

I want to accomplish this goal by this date: ____________________

This goal is important to me because ____________________

These are the steps (objectives) I need to take to reach my goal:

1. ____________________ Date __________
2. ____________________ Date __________
3. ____________________ Date __________

These are the difficulties or barriers that might keep me from reaching my goals:

1. ____________________
2. ____________________
3. ____________________

To help me reach my goal I would like help from:

____

____

____

In almost everything you do, you must make a decision and then act on it. You make decisions even when you're not aware of them. When you become more aware of your power to make decisions and act on them, you will feel more in control of your own life.

A decision is a type of choice you must make. Deciding what to do or what not to do, or what to say or what not to say are obvious types of decisions. We have to make decisions about what we are going to do right now, and we can also make decisions about what we want to do in the future – deciding what to do after graduation, deciding about what kind of work to be involved in, deciding what we want in our personal lives.

Many people decide by not deciding. They put off making an important decision and let "fate" decide for them. For example, a woman gets laid off her job and draws U.I. Her building manager informs her that the apartment building is being sold and she must move in 90 days time. Instead of actively seeking new employment and a new place (or, perhaps, applying for college admission and making plans to leave the area, both things she's wanted to do for a long time), she keeps putting it off. "Something will turn up," she tells herself, until she is finally forced to move in with a relative.

It helps to have a system for making decisions – a system that you can use to help you make the best choice for you. Remember, if you don't decide what's best for yourself, someone else probably will or circumstances will take the matter out of your hands.

In this section, you will identify how you already make decisions. You can then either decide to continue using your own method of decision making or learn to use another model for making important decisions in your life. This model will help you look at the choices and alternatives, and at their advantages and disadvantages. A model such as this is more likely to lead you to satisfying results than other common decision-making strategies.

Activity Sheet 14 — What If I Can't Decide?

Many times, the decisions you must make are not easy. You may have all the facts, and you may have identified alternatives and their advantages and disadvantages, but you still don't know what to do.

Here are some suggestions for the times when you just can't decide. One, some, or all of them may help you with decisions you find difficult.

When I just can't decide, I can:

- sleep on it, and see how it looks tomorrow
- pray about it
- talk over my concerns with people I trust
- ask myself if this is something I really have to decide today
- take a walk, read a book, do something I enjoy for a while
- set priorities for my goals and see where the decision fits in
- try to understand how I might benefit from not making a decision
- set a date by which I'll decide, then decide by that date
- give myself permission to make a mistake, knowing I'm doing the best I can for now
- realize that I can change my mind; decisions are not set in concrete
- be alone and quiet for a while to look inside myself for my true thoughts and feelings.

Activity Sheet 15 Visualization: Making a Decision

1. Sit or lie down in a comfortable position. Uncross your legs. Have your arms at your sides.

2. Take three or four deep breaths. Feel your body relax.

3. Breath in deeply, slowly counting to ten. Then breathe out, counting to ten. Do this five to ten times until your body feels relaxed and your mind is calm. If your mind wanders, gently bring it back to concentrate on your breathing.

4. When you feel relaxed, picture yourself in a very safe place. You have a few pages of your favourite coloured paper and some pens in front of you. You are getting ready to use the **planning** strategy for making a decision.

5. Think of something you need to decide. It can be a small decision or a major decision. In your mind, write down what you have to decide at the top of one of the coloured pieces of paper. Congratulate yourself. You have completed the first step of the decision-making process!

6. Picture yourself writing down your values and goals related to this decision. You don't have to think of them specifically right now. Just see yourself writing on your page. Now, in your mind, write: My choices are . . . Make two columns under this heading and label them "Advantages" and "Disadvantages." Feel yourself calmly going through the process of writing out the advantages and disadvantages, confident that you are able to look at your problem rationally.

7. Now imagine how it feels to make a thoughtful decision. Congratulate yourself for going through the process. Feel ready to act on your decision.

8. Take a few deep breaths and slowly become conscious of your surroundings. Stay relaxed and open your eyes slowly, knowing that you can practice this skill with any decision.

1. Sit or lie down in a comfortable position. Uncross your legs. Have your arms at your sides.

2. Take three or four deep breaths. Feel your body relax.

3. Breathe in deeply, slowing counting to ten. Then breathe out, counting to ten. Do this five to ten times until your body feels relaxed and your mind is calm. If your mind wanders, gently bring it back to concentrate on your breathing.

4. When you feel relaxed, picture in your mind a map of your life. It's a large map and you're standing on one part of it. Look to your left. See where you've come from. See the choices you have made up to this time in your life. See the paths you have taken. See the people who have been important to you on this path, too.

5. Now look around you, to where you are now. Do you feel contentment? What do you need to do to feel content? Put that next to you in your mind's eye.

6. Now look to your right, into your future. What do you see? What would you like to see on your path? Put it there. See it clearly and know that today you can take steps toward it. In fact, you just did! You are closer to reaching this desire when you can see it. Know that you can envision this goal in your mind whenever you want to, whenever you take the time to do it.

7. Take a few deep breaths and slowly become conscious of your surroundings. Stay relaxed and open your eyes slowly, knowing that each day your life path is one day longer, shaped by the choices you made today.

Section D: Peer Counselling

Peer support (support sought from one's peers rather than from a "professional") can be most effective in helping prevent addictive behaviour. It is not, however, meant to be a source of "treatment" or a method to help stop addictive behaviour.

The following material explains "peer counselling" as defined by Dr. Rey A. Carr and Mr. Greg Saunders of the University of Victoria in their *Peer Counselling Starter Kit* (1980). This material offers advice on how to go about setting up a formal peer counselling program and outlines what is covered in the 12 training sessions for the Peer Counsellors-to-be.

If you are interested in setting up a formal peer counselling program according to Carr and Saunders' guidelines, we refer you to *The Peer Counselling Starter Kit* (available from the Faculty of Education, University of Victoria) which provides very specific, detailed advice on how to go about it.

Following the material on peer counselling is a short sub-section on encouraging the creation of an informal "peer support" system.

Information on Peer Counselling

Peer counselling is a learning situation in which students listen to and help facilitate the growth and development of other students. It is a process in which trained and supervised students offer to listen and support, but little or no advice, to other students.

A peer counsellor is someone who cares about others and who talks to them about their thoughts and feelings. Rather than being an "advice-giver" or a "problem-solver," a peer counsellor is a sensitive listener, who uses communication skills to facilitate self-exploration and decision-making. The peer counsellor is not a therapist or a professional counsellor. Peer counsellors are students who have been trained to help other students think through and reflect upon problems that they might be experiencing. One major purpose of peer counselling is to increase the number of people in a school who are skilled in helping others, and to provide an informal and spontaneous source of assistance. While peer counsellors may have office hours or make appointments just as in traditional counselling, their main focus is within the existing social network of fellow students.

Their "counselling sessions," therefore, are most likely to be informal discussions, conversations, or "rap sessions." These sessions have, however, the added ingredient of students with skills specifically learned to help others express and deal effectively with problems or concerns.

Why a Peer Counselling Program?

The rationale for using a peer counselling program as a supplement to traditional counselling services is based on the following:

- The number of certified professional counsellors is limited and the needs of students are more extensive than most professional staffs can meet.
- Students provide a practical and economical means for meeting the increasing number of guidance and counselling needs.
- Research indicates that student counsellors and facilitators can often be as effective as professional counsellors in many guidance and counselling activities.
- Evidence also indicates that student facilitators are as accepted by student "clients" as are professional counsellors, and in some cases they are more readily accepted, especially in the initial stages of developing a relationship.
- Sometimes, information can be presented to students in an informal and less intimidating manner when peers provide it.
- Many times, adults do not understand the straight-forward language and customs of the younger generation; student facilitators can help bridge this gap and assist professional counsellors in gaining a better perspective on student problems and issues.
- The range of guidance services can be extended in a school when peers are used as resources.
- A peer counsellor program provides an "outreach" approach to counselling, which is most appropriate for contemporary times.
- Peer facilitators can function as models within a work or educational setting.
- Learning is more efficient when students assist other students and accept more responsibility for creating the learning climate.
- The peer counsellor gains from being a facilitator ("training as treatment").
- Peer counsellor/facilitator programs are the heart of a developmental approach to guidance and counselling. In developmental guidance programs, life skills are developed prior to a crisis.

How are students recruited and selected?

Since peer counselling is founded on the assumption that peers seek help from peers, it is clear that some students are already providing some kind of help to other students. For training purposes, it is helpful if these students can identify themselves through requests for volunteers who are interested in counselling or helping. Student leaders in the existing social network, not necessarily clubs or government (yet not excluding them either), can be encouraged to apply and/or be suggested by others. One approach is to do some advertising and then hold information meetings at lunch or before/after school to describe the program and ask for volunteers.

While teachers can be asked for names of students who they see as "helping" students, students also can give names of people they think would like to get involved. Student motivations for wanting the training may be quite diverse, and the only suggested screening is on the basis of interest and availability. Only those students who have gross emotional problems in relationships should be discouraged from taking the training. (They might benefit more from professional counselling assistance or group counselling.) Screening can be done in individual interviews with each volunteer. It is important, however, not to reject students on the basis of troublesome "behaviour problems," as often these students have leadership ability and perceptiveness.

It is also possible that potential drop-outs or students with poor grades may be interested and available. When these students are trained, other students struggling with the same problems or concerns can relate and accept alternative ways of dealing with the problem. It is also possible to view the training as a source of psychological development for the trainees, so a number of students who volunteer and are experiencing normal developmental problems can also be accepted. Since the major goal of peer counselling training is to increase the number of students who have and use helping skills, the training should not be used as a substitute for group counselling or guidance courses.

What is the training model? What type of counselling skills are being taught, how, and how long does it take?

The training consists of two phases. The first phase includes 12 to 16 training sessions of one to two hours in duration, with the major emphasis on acquiring empathic listening skills. If the sessions can be scheduled twice a week, six to eight weeks will be necessary for training.

The 12 training sessions in the first phase cover the following areas:

- Session I: Introduction, Orientation, and Getting Acquainted
- Session II: Non-Verbal Attending
- Session III: Blocks to Effective Communication
- Session IV: Empathic Listening (Responding to Feelings)
- Session V: Empathic Listening: Role-Playing
- Session VI: Empathic Listening Practice
- Session VII: The Role of Questions in a Helping Relationship
- Session VIII: Self-Disclosing Messages and Messages That Hurt Relationships
- Session IX: Feedback. Giving and Receiving
- Session X: Values Clarification
- Session XI: Decision Making and Problem Solving
- Session XII: Ethics, Confidentiality, and Referral

The second phase consists of a series of activities that resemble supervised practicum. Peer counsellors start working with other students so that they can apply the knowledge/skills gained during training. During that time, workshops are held to deal with the concerns or problems that the students (peer counsellors) are encountering. Workshops generally focus on skills such as feedback, confrontation (setting limits), support, or problem solving, and are based upon the peer counsellors' experiences, needs, and concerns.

Peer Support

The term "peer support" is similar to "peer counselling," in that people seek the support of peers rather than of mental health professionals, for whatever reasons. "Peer support," however, is less formal than peer counselling. In peer support, there are no formal selections of certain individuals who wish to be deemed "counsellors," and no in-depth training sessions designed to render them fit for their new "counsellor" role.

"Peer support" is a network of friends and acquaintances who make an effort to be supportive of one another – a support network, as it were.

To the Instructor

Through reading and discussing the materials in this section, it is hoped that students will come to some positive conclusions regarding the importance of establishing and maintaining a peer support network and make a conscious effort to build a support network of their own.

Student Handout 10: Ramona: A Case History written by Janet Campbell Hale is about a Native woman student who found peer support more helpful than professional counselling. Following Ramona's story are four questions designed to facilitate discussion on the importance of peer support. It is suggested that students read Ramona's story and discuss the questions before undertaking the following activities.

The two suggested activities in this section are designed to help create an environment in which an informal supportive peer relationship might flourish. These activities are

- **Activity 1: Family History.** This activity was adapted from an activity in *The NESA Activities Handbook for Native and Multicultural Classrooms*. It involves the writing of a family history.
- **Activity 2: The Talking Circle.** This activity is adapted from material put out by the *Four Worlds Project* in Lethbridge, Alberta. We hope that the Talking Circle will prove such a helpful and enriching activity that you will adopt it as a regular classroom tradition.

It is further hoped that these two activities, in as much as one requires an examination of Native heritage and the other is adapted from the traditions of some Native people, will provide a bridge to the following section, which deals with the development of a positive Native identity.

Ramona was a 21-year-old Native woman and the single mother of a little boy when she came to Vancouver to study at U.B.C. She soon became acquainted with other Native women students – some young mothers like herself, some not, some single, and some married. She was friendly with all of them. In that first year, Ramona was very much involved in her new life and she shared many activities with her new friends.

In the second year, Ramona met a man with whom she became so involved that she stopped participating in activities with her friends. She married her boyfriend and had another baby. Soon, she never saw or spoke to the friends she had made when she first came to university, outside of school. Ramona reasoned that she just didn't have the time to devote to maintaining friendships, because she was involved with her husband and children and her academic studies.

In the third year, Ramona came home from school one afternoon to find her husband had left her. He'd left a note behind telling her that he was sorry, that he was never coming back – which explained nothing.

Looking back on that time, Ramona says, "It came without warning. I thought we were happy. Devastated isn't even a strong enough word to describe how I felt. You could say I was like a zombie, except I don't think a zombie suffers such emotional pain. I was a zombie in that I was on automatic pilot, unable to feel any affection for my children, but able to attend to their physical needs. I was unable to take any pleasure or enjoyment out of life. I nonetheless walked around and went to my classes, my concentration so poor I was unable to read even a single paragraph or watch a TV show. I could not sleep at night. I could not eat at all either, until my son got me to by refusing to eat unless I did. I kept thinking, in the first few days: He'll come home. He can't just walk out on me, on us like that. I was wrong, though. I guess how I felt was worthless. What a worthless wretch I was that my own husband would treat me like this."

"Because I was covered by student health services, I went to a psychiatric clinic for counselling. This was after nearly two weeks had passed. I hadn't told anyone yet about it – nearly two weeks of emotional hell."

But the psychiatric social worker to whom Ramona was then referred didn't seem to be able to help much. He was nice enough, but he only had one 45-minute session a week, and she didn't feel he was able to really understand her situation. He kept saying things like, "And how did that make you feel?" when all Ramona really wanted was someone to listen to her and help her clarify her situation.

After a couple of visits, he diagnosed her as depressed and suggested that she try anti-depressants, but she never filled the prescription. She needed help coping, not medication. What she really needed was a friend.

"At long last, I called one of the women I'd been close to two years before and she surprised me by offering to come over that evening, because she thought I needed company."

Ramona was surprised and grateful to find her old friends so supportive. They listened to her and shared similar experiences of their own; they insisted she get out and go to movies with them (one was a film about the children of Ireland, and for the first time in three weeks Ramona found herself involved, for the duration of the film, with concerns outside her own life). Almost every evening, one friend came over to eat with Ramona or invited Ramona to eat with her. She was able to sleep again, finally, after a time, and get a normal night's rest. "I felt like a human being again, that I was not alone, that I was valued."

After six weeks, Ramona's husband returned. She agreed to take him back, but there were a lot of changes from then on. She would no longer live a life structured around him. She made sure she was involved in her own outside activities – she made an effort, to be on hand to offer support to any friend who needed it, if she was able. It may be just a ride somewhere or help with a term paper, or just a need to talk and be listened to. From then on, Ramona made sure she spent at least one evening a week with friends "Whether anyone was in need or not; just to maintain our bonds." This was something Ramona would always try to do, long after her university years were over.

Questions for Discussion

1. Can you think of any instances in which your friends were able to help where a "professional" could not?
2. How do you think Ramona's sense of isolation contributed to her inability to cope when her husband left her?

3. Are there good reasons for being a part of a peer support system even if one never has to face the sort of emotional crisis Ramona had to face? List some of these reasons.
4. Can you think of some things a person could do to establish and maintain a support system?

Activity 1: Family History

This is a useful exercise for launching discussion into the nature of our multicultural society, immigration, population movement within Canada, the effect of new settlers on indigenous people, etc. Students should be encouraged to do a thorough job of investigating their family tree, starting with their parents. Suggest to students that they also talk to other family members and look at old journals, photo albums, and letters. Often, the information uncovered is a major revelation to students, and it should help them gain a better personal understanding of factors relating to multiculturalism and the Canadian mosaic. It is important to allow sufficient time for students to share their information so a complete picture of the diversity of their classmates' backgrounds can develop.

Also, be aware that students may uncover some disturbing and unwelcome facts about their family. Thus, be prepared to help or to find help so that students can resolve their feelings.

Goals

- To help students document and develop knowledge of their families' culture and history.
- To have students consider the role their family history plays in shaping their personal values.
- To relate students' family culture and history to the larger culture. (How is it similar? How is it unique?)
- To assist students in defining their role in a multicultural society through the knowledge and study of their families' culture and history.

Group Size	Unlimited
Time Required	Sufficient time for students to adequately research their family history and share their findings with the entire class.
Grade Level	9-12 (can be modified for lower grades)
Materials	• Activity Sheet 17: Family History Task Outline • paper and pencil • photographs, artifacts, documents, etc. (optional)

Procedure

1. Students research the history of their families (through to their great-grandparents on both sides) by talking with parents and relatives, reading through old journals and letters, looking through family photo albums, etc.

2. Students complete the family tree chart and prepare a written report on the information they have gathered.

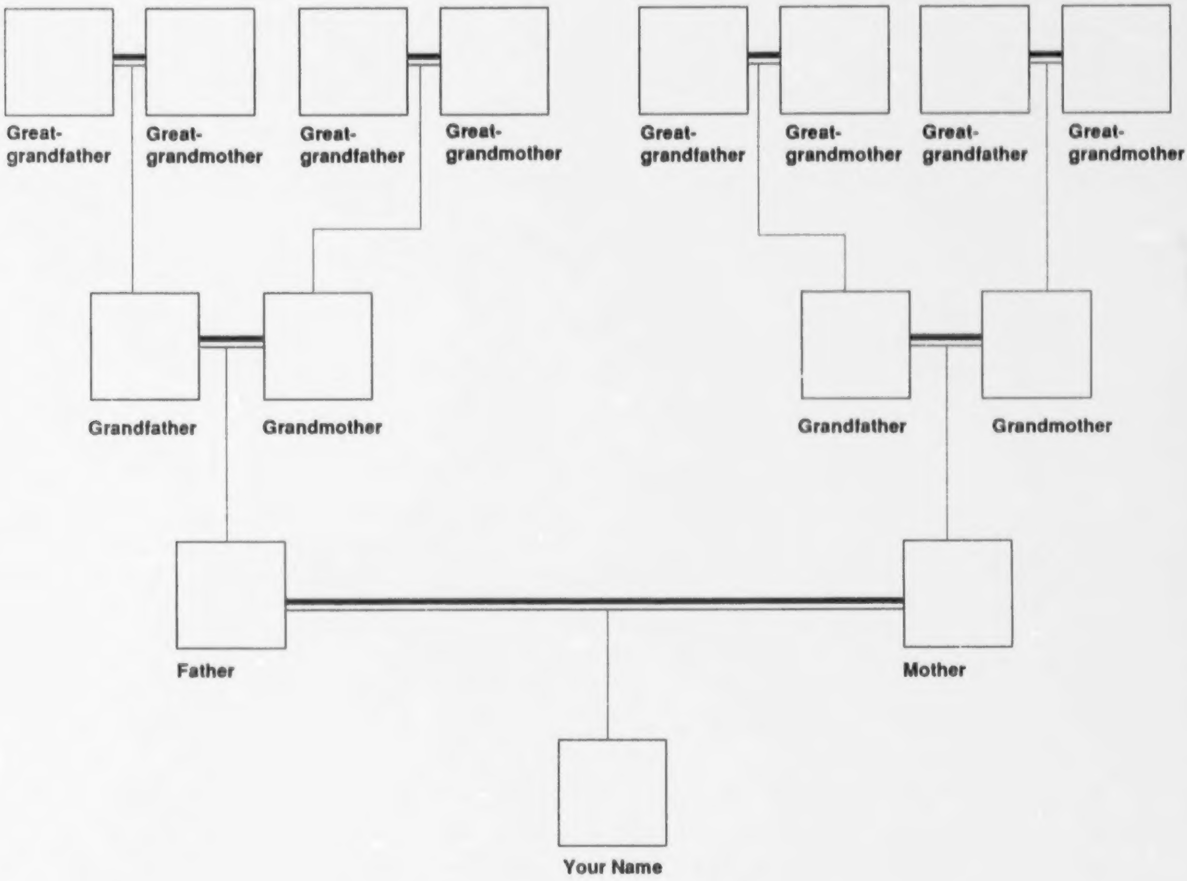
3. Having completed their report, students make a presentation to the class on their family histories. Encourage students to bring in family photos or other artifacts to make the presentation more interesting.

4. **Debriefing:** The key to debriefing this activity is to encourage reflection on students' own cultural background and how the unique backgrounds of others have influenced them. Here are a few sample questions to ask:

   - *How aware were you of your cultural background before this exercise? What did you learn?*
   - *Is it important to learn about our cultural background? Why?*
   - *What is culture?*
   - *How does it affect people?*
   - *How has this study made you more aware of your role in a multicultural society?*
   - *Canada is said to be a "nation of immigrants." How, except for Native people, is this true? What are the implications of this?*
   - *Did some of your ancestors immigrate to Canada? Why?*
   - *Why do people immigrate now?*
   - *How is your family background similar to other students'? How is it different?*

Family History Task Outline

1. Research the history of your family through to your great-grandparents (on both sides of your family). Fill in the family tree below.



2. Complete a written report on the information you have gathered. Begin by describing your great-grandparents' generation, then describe your grandparents' generation, your parents' generation, and then your own generation.

In preparing your report, you might include information on some of the following:

- country (or region) of birth
- language(s) spoken
- religion
- occupation
- date of marriage
- date of birth
- date of death
- geographic movements (and reason)
- family situation
- ethnic background
- nature of community
- discrimination encountered
- achievements or honours
- adventures
- economic situation
- rural, suburban, or urban lifestyle
- experiences with other cultural groups
- decisions
- kinship obligations

3. Share your family history with the rest of the class. You might use photos or other artifacts to help tell your story.

Activity 2: The Talking Circle

Learning aimed at changing attitudes and behaviour cannot just be cognitive. Indeed, whether we as educators recognize it or not, feelings are a part of any learning situation (excitement, boredom, pleasure, or frustration, for example).

During the course of an adult education program, students will likely experience many feelings stimulated by what they are discovering about themselves and the world around them. Many people have learned to shut off their feelings when they hear about such things as prejudice and discrimination, addictive behaviour, etc. Since the students involved in this course are learning about these problems in a very direct and often personal way, they may well feel frustration, anger, hopelessness, and other strong emotions. These feelings should not be ignored.

The Talking Circle is a discussion technique that allows each individual in the circle to fully express his or her feelings without interruption. Students are free to react to the situation that has sparked the need to express feelings in any manner that falls within the guidelines: they can express opinions without being interrupted or judged, make analytical statements, or describe a personal experience or the emotions they are experiencing.

A Talking Circle will need a facilitator to ensure that the guidelines (see above) are being followed. As they gain experience with this approach, students will be able to serve as facilitators. Talking Circles can be set up with smaller groups of students (e.g., five to ten), with the whole class, or with an inner and outer circle. In this latter option, five to ten students sit in a circle. The rest of the students arrange their chairs in a circle around this inner circle. Only the people in the inner circle have the opportunity to speak. After they have finished, the two groups of students can exchange places, or the students that comprised the outer circle can become the inner circle the next time a Talking Circle is organized.

In a Talking Circle only one person speaks at a time. Everyone else listens in a non-judgmental way to what the speaker is saying. Some groups find it useful to signify in some way who has the floor. Going around the circle systematically is one way to achieve this. Another is to use some object (such as a feather), which is held by the person who is speaking and then passed on to the next person who has indicated a desire to speak. Silence is acceptable and no one should feel pressured to contribute. There must be no negative consequences, however subtle, for saying "I pass."

Some instructors have found that weekly or even daily Talking Circle sessions are valuable. Others use it when a particular issue or question arises that provokes a strong reaction or difference of opinion.

Either way, the Talking Circle is a way to create a safe environment for people to share their point of view with others. This process helps students gain a sense of trust in their classmates. They come to believe that what they say will be listened to and accepted without criticism. They also gain an empathetic appreciation for points of view other than their own.

Section E: Indian Identity

Our culture shapes (as we shape our culture) every aspect of our lives from the foods we eat to the way we bring up our children. For Native people, understanding and appreciating Native culture is especially critical, inasmuch as failing to develop a positive attitude towards being Native can lead to a lack of self-esteem and a feeling of personal powerlessness (characteristics that experts tell us is present in almost all substance abusers).

Native culture has been misunderstood by mainstream society and, at times, seriously devalued and defamed by it. It was believed for many years that the best way to deal with "the Indian problem" was to absorb Indians into mainstream society, and to help them assimilate (that is, to stop, as far as possible, being Indian). Today, we recognize that Canada is a multicultural society and we are all the richer for this diversity. Moreover, we recognize the value of ethnic pride, and that enhancement and self-esteem can be derived through the development of a positive ethnic identity.

Many Native Indians are unclear what Indian culture means in a contemporary context, and it is hoped that this unit will help them to consider the question "what is Indian?" and arrive at a meaningful personal answer. Thus, this section contains material designed to examine and illustrate cultural differences, and stereotypes, and show how cultural misunderstandings can develop.

Student Handout 11: Sure You Can Ask Me a Personal Question (by Anishinabe poet Diane Burns) is about mainstream stereotypical images of Native Indians. You may wish to use this poem to introduce your students to the topic of stereotyping, and/or as an additional poem to use in the exercise introduced in Activity 7: Dealing with the Expectations of Non-Natives. You might also compare it with the style and effectiveness of the poem "I Am Not Your Princess," presented in Activity 7.

Seven activities are presented in this section, and each one is intended to encourage Native students to develop a strong sense of personal identity, and an understanding of what that identity means within the larger framework of being Native. The activities are:

- Activity 3: What is "Indian"?
- Activity 4: "Indian" Behaviour
- Activity 5: What Does it Mean to be Indian?
- Activity 6: Some Ways of "Being Indian"
- Activity 7: Dealing with the Expectations of Non-Natives
- Activity 8: The Medicine Wheel and Personal Growth
- Activity 9: What is an Indian, Anyway?

Sure You Can Ask Me a Personal Question

by Diane Burns

How do you do?
  No, I am not Chinese.
No, not Spanish.
  No, I am American Indi-uh, Native American.
No, not from India.
  No, not Apache.
No, not Navajo.
  No, not Sioux.
No, we are not extinct.
  Yes, Indian.
Oh?
  So that's where you got those high cheekbones.
Your great grandmother, huh?
  An Indian Princess, huh?
Hair down to there?
  Let me guess. Cherokee?
Oh, so you've had an Indian friend?
  That close?
Oh, so you've had an Indian lover?
  That tight?
Oh, so you've had an Indian servant?
  That much?
Yeah, it was awful what you guys did to us.
  It's real decent of you to apologize.
No, I don't know where you can get peyote.
  No, I don't know where you can get Navajo rugs real cheap.
No, I didn't make this. I bought it at Bloomingdales.
  Thank you. I like your hair too.
I don't know if anyone knows whether or not Cher is really Indian.
  No, I didn't make it rain tonight.
Yeah. Uh-huh. Spirituality.
  Uh-huh. Yeah. Spirituality. Uh-huh. Mother
Earth. Yeah. Uh-huh. Uh-huh. Spirituality.
  No, I didn't major in archery.
Yeah, a lot of us drink too much.
  Some of us can't drink enough.
This ain't no stoic look.
  This is my face.

Activity 3: What Is "Indian"?

In the 1960s, H.B. Hawthorne completed a study for the Canadian Government called *A Survey of the Contemporary Indians of Canada*. In this report, Hawthorne identified a number of characteristics of Indians, particularly relating to learning and child rearing. How valid are these descriptions of Native people?

The purpose of this activity is to begin the process of having students reflect on what it means to be Indian and to discuss popular perceptions.

Time Required 1 hour

Materials • Activity Sheet 18: The Hawthorne Report

Procedure

1. Quickly introduce the objectives of the activity and the background of the Hawthorne Report.

2. Distribute Student Handout 18: The Hawthorne Report, and have students look at the 34 "Native Characteristics," contrasting them with the Non-Native column.

3. Have students decide, on a scale of 1-5, how accurately they think these characteristics apply to Native people. (A "1" means very typical of Native people, while a "5" means not very typical at all.)

4. Have students get into small groups of about five and discuss the items. (Which do they agree with? Disagree? Why?)

5. **Debriefing:** After the small group discussions, come back together as a large group and discuss the exercise. Ask,

   - *Were the characteristics accurate?*
   - *How generally do they apply?*
   - *Were they stereotypical?*
   - *Do they suggest some basic differences between Indians and non-Indians?*
   - *Was it easy to agree on how accurate the characteristics were?*
   - *Why or why not?*
   - *What is an "Indian"?*

   If time allows, you could also discuss the accuracy and appropriateness of the list of non-Native characteristics, and how Natives perceive non-Native people.

Activity Sheet 18

The Hawthorne Report

Using a scale of 1 to 5 (1 = very typical; 5 = not typical at all) state how accurately you think the following characteristics apply to Native people.

Rating	Native Indian	Non-Native
Attitude Toward Child:		
	• at age of mobility, child considered a person	• child is watched and controlled by parents throughout childhood
	• child free to explore his/her own environment	• explorations limited by parent
	• limited stimulation and feedback from adults	• constant interaction with and feedback from adults
	• autonomous	• dependent
Learning Style:		
	• child-centred	• teacher- and parent-centred
	• exploratory	• forced
	• peer and personal reward system (intrinsic)	• teacher and parent reward dependent (external)
	• process-oriented (doing)	• product-oriented (achieving)
	• cooperative	• competitive
	• independent and autonomous	• dependent and controlled
Teaching Style:		
	• concrete demonstration by elders and experts	• lecture and reading by certified professionals
	• integrated with family, community, and life	• separated from life and community
	• learning takes place in extended (natural) setting	• learning takes place in restricted setting
Sanctions for Learning:		
	• permitted to do things which interest him/her when he/she is ready	• urged to try things considered appropriate for developmental level whether interested or not
	• seldom rewarded or punished	• rewarded for attempting task
	• time is minor factor	• time is factor: "see how fast you can get dressed"

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Rating	Native Indian	Non-Native
	• not rewarded for "staying with" task	• urged to complete tasks undertaken
	Routines for Learning:	
	• flexible and often non-existent	• rigid
	• meals served on demand, bedtimes vary with sleepiness and family activity	• meals served regularly, bedtimes are strictly adhered to
	• child's routine flexible, variable, child-determined	• child's routine formalized, set by adults
	Discipline:	
	• protective and loose: rarely is a child punished in a systematic way	• often over-protective: systematic discipline rigidly administered
	• age-graded expectations minimal, though may be ridiculed for failure when older	• age-graded behaviour demanded; punishment for failure to comply with adult expectations
	• adult expectations of behaviour minimal	• adult expectations extensive
	• autonomy allows child his/her own decisions	• few decisions are permitted; adults control most routines
	Language:	
	• more non-verbal communication	• more verbal communication
	• observant (less talkative)	• participant (more talkative)
	• often speaks non-standard English dialect	• generally speaks standard English dialect
	• more visually and orally oriented	• more print-oriented
	• rarely read to; few print materials	• often read to; varied print materials
	World View:	
	• cyclical	• liner (print tradition)
	• tribe and extended family as social base	• individual and nuclear family as social base
	• tolerance of individual differences	• emphasis on compliance and conformity
	• custom and situational	• rules and rigid morality
	• less emphasis on materialism	• greater emphasis on material values

Activity 4: "Indian" Behaviour

There are two main purposes to this activity. First, it is designed to broaden the concept of Indian behaviour and to help participants see that many activities (e.g., pot luck dinners) which aren't obviously Indian are consistent with traditional attitudes and beliefs. Secondly, it is designed to help people see that "Indian behaviour" is what **they do**, not what the larger society thinks Indians **should** do. In this activity, be as inclusive as possible, since the purpose of this activity is to encourage participants to reflect on what individual and community activities are rooted in traditional behaviours.

Time Required 45 minutes

Materials • Activity Sheet 19: Indian Behaviour Sheet

Procedure

1. Begin by discussing the issue of what behaviours Native people tend to engage in more than non-Natives. Ask,

   - *What do Indian people do that make them "Indian"?*
   - *What community, family or individual activities are rooted in Indian traditions?*

2. Have participants examine the Indian Behaviour chart in Activity Sheet 19, discussing the behaviours identified by asking, "Which contemporary behaviours do you engage in?" Then have them add their own contemporary behaviours in the blanks provided, based on their personal, community, or family experience.

3. In groups of four or five, have participants discuss the chart and explore their ideas of what Indian behaviour is, asking them to especially note the more subtle, non-material contemporary activities.

4. In a large group, debrief, being as inclusive as possible. Point out that "Indian" behaviour is what Indian people do, and emphasize the contemporary activities that, while adapted, are rooted in traditional attitudes, values, beliefs, and behaviours.

5. **Debriefing:** Focus on helping participants see that "acting Indian" involves far more than traditional material activities (beading, dancing, hide tanning, etc.) and that it involves many activities that are less obviously Indian, but which are nonetheless rooted in (or at least consistent with) Native traditions. Also, emphasize that the essence of being Indian is not what you can carry around in a box or what we can see – artifacts and material manifestations – but what you carry in your heart and head. Indian behaviour, whether it be how you treat other people or how you raise your children, are those things you do that are influenced by your Native perspective, experience, culture, beliefs, self-perception, etc.

   To close ask,

   - *What is Indian behaviour? What isn't?*
   - *Can you be Indian and not engage in Indian behaviour?*
   - *What things do you do that are rooted in traditional culture? Your family? Your community?*

- *Which of these would not be immediately identified as "Indian" by the larger society?*
- *What pressures have you felt to conform to other peoples' idea of what being Indian involves?*
- *Where do these pressures come from?*
- *How can we deal with them?*
- *How do many contemporary activities serve to maintain traditional roles, values, beliefs, etc.?*
- *How can many activities that are non-traditional (e.g., a spaghetti dinner) still meet psychological, social, spiritual, and emotional needs that are rooted in the past?*
- *Are some of these activities (e.g., bingo, sharing a bottle) negative?*
- *What are the alternatives?*

Activity Sheet 19 “Indian” Behaviour Sheet

Traditional	Contemporary
Material	
• berry picking • fishing • salmon drying • basket making • hide tanning • kekule building • art and ornamentation • drum making • dancing • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________	• food gathering • food preservation • clothes making • gardening • home construction • art and crafts • dancing • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________
Non-Material	
• language • child rearing activities • community gatherings • community and tribal identity • family gatherings • honour elders • actions respectful of natural world • sharing and supportive • accepting • story telling • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________	• holding pot luck and other community gatherings • holding family gatherings • honouring elders • respecting relations • child rearing • developing a strong sense of community • sharing and supportive • accepting • being respectful of natural world • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________ • ________________

Activity 5: What Does it Mean to Be Indian?

Again, the purpose of this activity is to get participants to focus on a range of feelings and attitudes and to realize that as long as **they** are happy and content with their definition of being Indian, other people are less critical. **Note:** the idea is not to define what being Indian means, but rather encourage participants to reflect on the question and help them feel good about their conclusions.

The purpose of this activity is also to encourage participants to reflect on what being Indian means to them and to help them clarify their attitudes and feelings about being Indian.

Time Required 1½ to 2 hours

Materials
- audio cassette recorders and tapes

Procedure

1. Have students do a 10 minute quickwrite (ten minutes of unbroken writing) on the subject: What does it mean to you to be Indian?

2. In triads, have students share their writing, clarifying each other's ideas and feelings.

3. Have students prepare a short – about 1 to 2 minutes – statement about what it means to them to be Indian. Then, in their triads have them record their statements on audio tapes. After everyone has completed this phase, play the taped statements to the group noting the range of comments on a flip chart or an overhead.

4. **Debriefing:** First, focus on the process of the participants developing their own statement by asking,

   - *Was it hard? Why?*
   - *What made the task so difficult?*
   - *Would it have been easier if you'd had more time? Why?*
   - *Was it hard to think about the topic?*
   - *Was this a topic you'd thought about a lot before?*
   - *Did they make judgments on what they heard?*

   Then focus on the results, using the points you note on the flip chart or overhead from the audio tapes. Ask,

   - *Was there a wide range of sentiments?*
   - *Did some comments affect your own thinking? Stimulate new ideas or suggest new perspectives?*
   - *Is it important to be clear on what it means to us to be Indian? Why?*
   - *How can it strengthen our self-esteem?*
   - *How can it help us deal with external expectations of what being Indian means?*
   - *How can it help us deal with stereotyping?*

Activity 6: Some Ways of "Being Indian"

The purpose of this activity is to encourage participants to reflect on sub-groups within Native society, and to think about their own roles and the behaviours that reflect their society.

Time Required 1 hour

Materials
- Student Handout 12: A Model for Understanding Group Identity and Behaviour Patterns
- Activity Sheet 20: Classification Sheet

Procedure

1. Hand out Student Handout 12 to participants and have them read it. Discuss the five divisions by asking,

   - *Are the divisions valid?*
   - *Do participants know people in each category?*
   - *Can you combine elements of one or more categories?*
   - *Are there other categories?*

   Explain that the chart is for discussion only and is not to be viewed prescriptively.

2. Hand out Activity Sheet 20: Classification Sheet. Instruct participants to use the categories in Student Handout 12 to fill in top part of the recording sheet, according to what predominant role they played during each five-year period (include present period as well). In the lower part of each column, have them list the primary attitudes and beliefs they held about being Indian at the time, and the behaviours they engaged or are presently engaged in that are consistent with their attitudes and beliefs. Point out that a person might have several identities at one time.

3. After this, have participants get in small groups of 4-5 and discuss their charts. In their small groups, they should discuss the following:

   - *How do they see themselves in the past? Now?*
   - *How do others in the group see them?*
   - *What behaviours reflect the categories they place themselves in?*
   - *Are their behaviours consistent with the way they see themselves?*

4. Return to large group and discuss the experience in a debriefing session.

5. **Debriefing:** As a group, talk about the various sub-groups within Indian society. Addressing the categories on the chart, talk about what is the most desirable stance for Native people and how growth in this direction can be facilitated. Discuss the reasons why people get slotted into different categories and what can be done to get unstuck. ("How can they facilitate this growth and healing for themselves? For others?")

Student Handout 12

A Model for Understanding Group Identity and Behaviour Patterns[6]

New Traditionalists

- "born-again" Indians
- strident-moving in a direction
- racist
- articulate
- younger generation
- re-programmed
- group-oriented
- often not raised within a strong sense of culture; usually indoctrinated as young impressionable adults searching for identity
- open display (braids, ribbon shirt, etc.)
- "going back to land and traditions"
- mixture of belief systems from all sources
- often unwilling to learn knowledge that goes behind belief system (i.e., "elder" title, "medicine person")
- may not necessarily set good examples
- imposes values & beliefs on others

Lost Identities

- powerlessness due to transitional stress
- in limbo
- uprepared
- ambivalent
- mixture of beliefs
- vascillitating between extremes
- cultural/social breakdown
- identity confusion
- "acting out"
- grief
- dependency
- "deprived syndrome"
- epitomizes social problems (alcoholism, drug addiction, etc.)
- low economic level
- poorly educated

International Human Beings

- appreciates gifts of both worlds
- adaptability
- comfortable in both worlds
- accomodating
- anti-racist
- socially-conscious
- appreciates both languages
- few in number
- healthy spirit
- has vision for the future
- is a "mover and shaker"
- in tune with the environment
- has "courage of heart"
- values own culture without putting down other cultures

The Traditionalists

- strong cultural beliefs are foundation
- strong emotional peer support
- history is clear
- practice and beliefs are rooted
- in tune with environment
- cooperative society
- ecology-oriented
- raised within the culture
- cultural knowledge of all areas
- strong spiritual base
- responsible for passing on knowledge

Assimilated Indians

- adoption of new norms
- possesses technical skills
- has paid own social & cultural costs
- changed behavior
- "me" identity
- materialism
- unable to be a role model for traditionalists
- accepts hierarchical power
- competitive
- does not value native beliefs

Healing Process

1. Recognize the distinction of each group.
2. Determine dreams, wishes, goals, and abilities.
3. Be sensitive to the human process of healing.

"Sleeping Elders" (those elders who have not undergone their own healing and therefore are unable to help their people) may be caught between The Traditionalists, New Traditionalists, or Lost Identities.

Traditionalists are a healthy society. In essence they are almost the same as International Human Beings. The one difference that makes Traditionalists unhealthy is that their inability to adapt to the environment of the twentieth century. Traditionalists and New Traditionalists view Assimilated Indians as having betrayed their own culture; however while traditionalsist view Assimilated Indians with compassion, New Traditionalists more often view them with contempt.

Assimilated Indians will often view Traditionalists and New Traditionalists as "lost in the past," while at the same time may envy International Human Beings for the traditional knowledge that they possess. They will often work for Indian people in an administrative capacity but remain very insulated from the real problems of the people. Assimilated Indians are often more comfortable in non-Indian settings.

The problem for Indian families is that their membership may consist of several of the above categories which contributes to the family's inability to inter-relate or communicate.

An individual may have experienced more than one of the five categories, or a combination of two or three of the categories, in the search for self; since change is characteristic of growth, this may not be unhealthy—as long as the individual does not get stuck.

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[6] This chart was reproduced with permission from *In the Spirit of the Family* (Calgary, Alta: Native Association of Treatment Directors, 1989)

Classification Sheet

Age	10-15	16-20	21-25	26-30	31-35	36-40	40+
Category							
A							
B							
C							
D							
E							
Attitudes and Beliefs							
Behaviour							

Activity 7: Dealing with the Expectations of Non-Natives

The poem used in this activity was written by Chrystos, a Native woman from San Francisco. In this poem, she expresses feelings that many Native people have regarding the constant demand to measure up to the larger society's expectations of "being Indian." Build your class discussion around the poem and the feelings it evokes.

The purpose of this activity is to encourage reflection of the effects of others expectations of "Indian behaviour."

Time Required 1 hour

Materials
- Student Handout 13: I am Not Your Princess

Procedure

1. Hand out copies of Student Handout 13: I am Not Your Princess to the participants and read the poem aloud.

2. Afterward, have students respond to the poem by asking,

   - *How did you feel while reading it?*
   - *What points is the poet trying to make?*
   - *Are they valid?*
   - *How does the poet use poetry to illustrate her points?*

3. Then relate the poem to student's own experiences by asking,

   - *Have you had similar feelings?*
   - *What incidents have provoked these feelings?*
   - *What stereotypical expectations do Native people face?*
   - *How do they affect people?*
   - *What are the sources of these expectations?*
   - *What is the reality?*

4. Then in debriefing, focus on strategies for dealing with external expectations.

5. **Debriefing:** In developing strategies, focus on the real-life situations your participants have experienced, exploring how students felt in these situations and why, how they dealt with the situation at the time, and how they might have dealt with it more effectively. Allow students time to reflect on their concrete experiences and share them. As Chrystos points out, positive stereotypes and expectations can be almost as crippling as negative ones. Explore this idea in depth by asking,

   - *Is it hard for Native people to just be themselves?*
   - *What are the effects?*
   - *What is the answer?*

I Am Not Your Princess

by Chrystos

Sandpaper between two cultures which tear one another apart I'm not
a means by which you can reach spiritual understanding or even
learn to do beadwork
I'm only willing to tell you how to make fry bread
1 cup flour, spoon of salt, spoon of baking powder
Stir Add milk or water or beer until it holds together
slap each piece into rounds   Let rest
Fry in hot grease until golden
This is Indian food
only if you know that Indian is a government word
which has nothing to do with our names for ourselves
I won't chant for you
I admit no spirituality to you
I will not sweat with you or ease your guilt with fine turtle tales
I will not wear dancing clothes to read poetry or
explain hardly anything at all
I don't think your attempts to understand us are going to work so
I'd rather you left us in whatever peace we can still
scramble up   after all you continue to do
If you send me one more damn flyer about how to heal myself
for $300 with special feminist counselling I'll probably set fire to something
If you tell me one more time that I'm wise I'll throw up on you
Look at me
See my confusion   loneliness   fear   worrying about all our
struggles to keep   what little is left for us
Look at my heart   not your fantasies   Please don't ever
again tell me about your Cherokee great-great grandmother
Don't assume I know every other Native-Activist
in the world personally   That I even know names of all the tribes
or can pronounce names I've never heard
or that I'm expert at the peyote stitch
If   you ever
again tell me
how strong I am
I'll lay down on the ground and moan so you'll see
at last   my human weakness like your own
I'm not strong   I'm scraped
I'm blessed with life while so many I've known are dead
I have work to do   dishes to wash   a house to clean
There is no magic
See my simple cracked hands which have washed the same things
you wash   See my eyes dark with fear in a house by myself
late at night   See that to pity me or to adore me
are the same
1 cup flour, spoon of salt, spoon of baking powder, liquid to hold
Remember this is only my recipe   There are many others
Let me rest
here
at least

Activity 8: The Medicine Wheel and Personal Growth

The purpose of this activity is to use the Medicine Wheel to facilitate human growth and development.

Time 1 to 2 hours

Materials
- flip chart paper and felt pen for each person in class.
- Student Handout 14: The Medicine Wheel
- Activity Sheet 21: The Medicine Wheel

Procedure

1. Distribute Student Handout 4, which explains the Medicine Wheel as a device for examining ourselves, our needs, and our goals.

2. Give each student a piece of chart paper and a felt pen, and ask each participant to draw a large Medicine Wheel on their paper.

3. Then ask participants to list their positive and negative qualities in each area: mental, physical, emotional, and spiritual.

4. When they have finished their wheel, they may present it to the class, if they feel comfortable sharing with the other students.

5. Have students then identify specific activities or steps they will undertake to achieve the growth objectives they have established in each sector (spiritual, mental, emotional, and physical).

6. Provide Activity Sheet 21 to each participant. Have him or her write in what he or she is doing in each sector each day for a week. After the week is over, come back as a group and have students present their wheels. Ask,

   - *What areas are they making progress in?*
   - *What areas have been neglected?*
   - *What imbalance is there?*
   - *How can people build more balance into their lives?*

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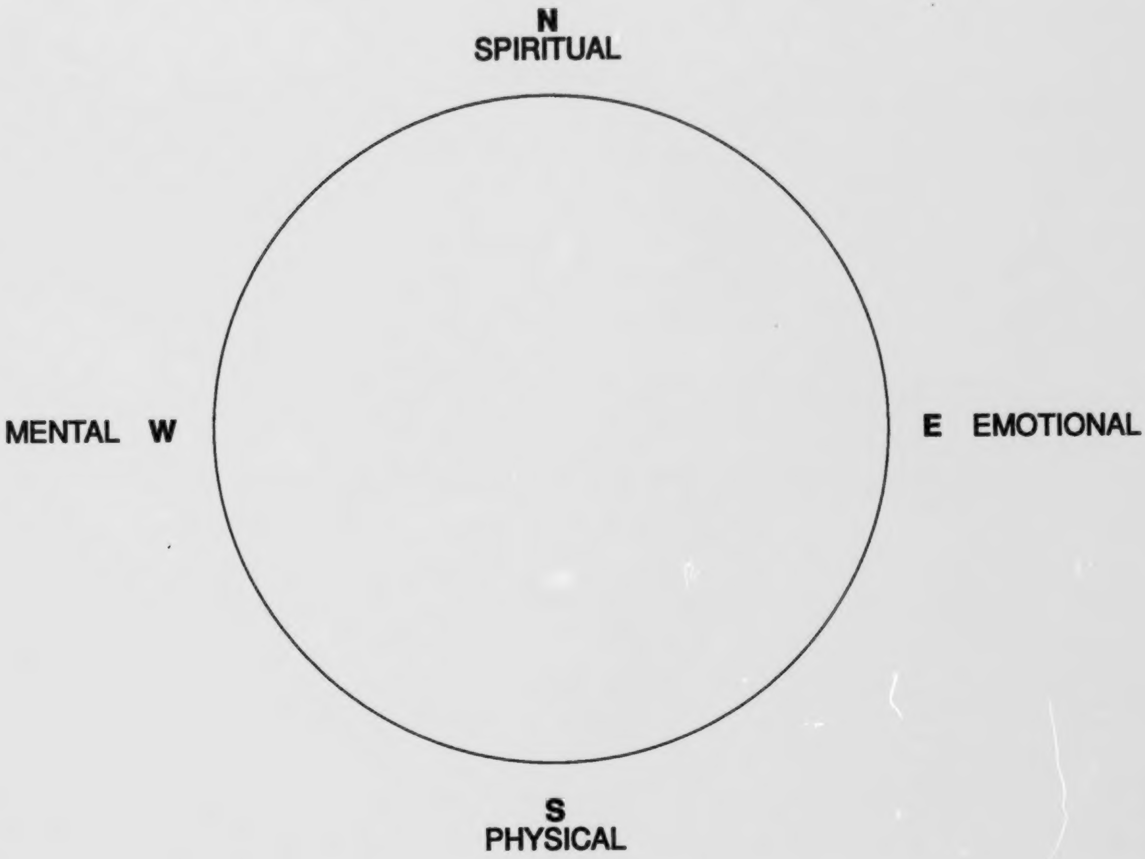
Student Handout 14 Background Information on the Medicine Wheel

The Medicine Wheel is a traditional symbolic circle used by almost all the Native people of North and South America. In *Seven Arrows,* Hyemeyohsts Storm writes, "In many ways this Circle, the Medicine Wheel, can best be understood if you think of it as a mirror in which everything is reflected. The Universe is the Mirror of the People, the old Teachers tell us, and each person is a Mirror to every other person . . . For example, one person alone on a mountain top at night might feel fear. Another might feel calm, and peaceful. Still another might feel lonely, and a fourth person might feel nothing at all. In each case, the mountain top would be the same, but it would be perceived differently as it reflected the feelings of the different people who experienced it." In other words, the Medicine Wheel would mirror for us what we cannot easily see for ourselves. Although an ancient symbol, it is still meaningful for Native people today, as they can use it as a metaphor to contemplate and reflect upon their lives.

The wheel can stand for the four grandfathers, the four winds, the four directions, the four stages of life as well as other things that can be talked about in sets of four. The medicine wheel teaches us that the four elements – earth, air, fire, and water – are all part of the same physical world, just as the four symbolic races are all a part of the same human family. All must be respected equally for their gift of life. The Medicine Wheel also teaches us that human beings have four aspects to their natures, the physical, the mental, the emotional, and the spiritual, and that each of these areas must be developed equally in a healthy, well-balanced person through the use of our will power.

It is in this aspect of the Medicine Wheel that we are most interested for our purposes. The following activity is intended to give you an experience in using the Medicine Wheel as a model to analyse and reflect upon your life and to help you move towards achieving inner balance and harmony.

Activity Sheet 21 — The Medicine Wheel



Activity 9: What Is an Indian, Anyway?

This activity focusses on some of the conflicts Native people may experience in defining Indian for themselves – and others. Again, in this activity stress inclusiveness to students, but also focus on potential areas of conflict: wealth, separation from family and community, adoption of non-Indian social values, etc.

The purpose of the activity is to provoke discussion around the central issue of what being Indian means to each participant.

Time Required 1½ hours

Materials
- Student Handout 15: A Place on this Planet
- Activity Sheet 22: Response Sheet

Procedure

1. Distribute Student Handout 15: A Place on this Planet, and Activity Sheet 22: Response Sheet and have participants read them.

2. Then have students fill out the response sheet, circling their response to each question.

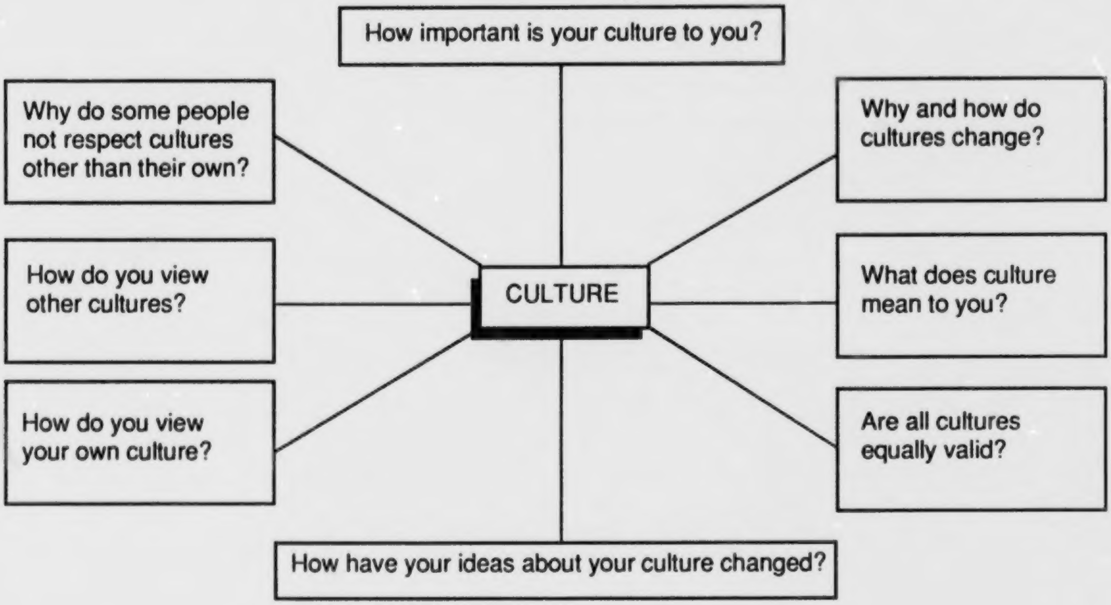
3. Next, break the group into smaller groups of 4-5. Have the small groups try to reach consensus on each question with individuals supporting and explaining their positions.

4. After the small group phase is over, have students come together as a whole and debrief. Solicit a report from each group on what had been discussed, what issues emerged, what points people agreed and disagreed on, and what this says about being Indian.

5. **Debriefing**

   As this is the concluding activity of this section, help students focus on the central issue: What does being Indian mean to **me**? Since this activity, along with the others, is designed to clarify attitudes about being Indian try **not** to dictate a particular point of view. Emphasize the value of differences of opinion and stress the fact that what is important is that participants come to a position and understanding, based on reflection and discussion, that **they** are happy with. Also stress that this position should provide them with a solid, sustaining vision of what being a Native person means.

   The following Culture Cluster can be used as an aid in debriefing this activity, or as a basis for a review discussion at the end of this unit.


How important is your culture to you?
Why do some people not respect cultures other than their own?
Why and how do cultures change?
How do you view other cultures?
CULTURE
What does culture mean to you?
How do you view your own culture?
Are all cultures equally valid?
How have your ideas about your culture changed?

Kaaydah Schatten, one of six children born to alcoholic parents, was a poor Native girl from a little Vancouver Island reserve. "We were poor. Just dirt poor. I went to school with holes in my shoes. Sometimes, I went hungry." Today, the thirty-four-year-old Kwakiutl woman is a successful businesswoman (founder of Ceiling Doctor International Incorporated of Toronto – an acoustical tile cleaning business), worth upward of $5 million.

Many important factors went into the making of this wealthy, successful woman. One factor was her interest at a young age in other cultures throughout the world. "I came to realize," she said "that the little reserve where I lived was not the end all and be all – that this was in fact a big world. When I realized that two-thirds of this planet was not Caucasian, I began to see that maybe I, Kaaydah, had a place on this planet. Maybe I didn't have to be restricted by the racism and poverty I found in my own small world."

Kaaydah had a friend and mentor when she was a child, a non-Indian woman who had knowledge of and respect for traditional Native culture. (Kaaydah's first language is Kwakiutl.) This woman owned a hotel and tavern where Kaaydah's parents would drink almost every might. The woman took Kaaydah under her wing and, when she was eight, gave her a job cleaning the tavern every morning. Because Kaaydah had a job, she was able to open an account at a little grocery store. From then on she would never have to go hungry. She saved her earnings and bought herself her first new outfit – all in red – "Red dress, red shoes, red sweater. I don't know why the colour red. I think it had something to do with rage."

As the years passed, the woman who owned the hotel and tavern taught Kaaydah about running a business. "And besides," Kaaydah said, "I used my Native intuition a lot when it came to business."

When Kaaydah was 17, she was in a car accident. She lost a lung and a hip in that accident and spent a year on her back because of it. "I was ignorant then," she said, looking back. "Racism and bigotry is everywhere. To them (the insurance company) a Native girl's hip and lung wasn't worth much. I settled for $7000. Just $7000." But she invested that money in real estate and was on her way. "I took something negative and made something positive out of it."

Canadian Business Magazine, in an article on Kaaydah entitled "Vaulting Ambition" (January 1989), makes much of her jewels, furs, Maserati, Jaguar, Mercedes, etc., and states how "by flashing the trappings of her achievement, she hopes to inspire other Natives to pursue a lifestyle like hers" and that "her furs, cars, jewels, expensive ways, are the expression of a desire to convince people that if she could make it, they can too."

That isn't exactly it, Kaaydah says, though she enjoys the "flashy trappings" of her success and makes no apologies for "playing the white man's game and playing it well." She also has a strong sense of social responsibility.

"Rags to riches might make for an interesting story," Kaaydah says, "but it doesn't mean anything in itself. I see it as a means to an end. Through prosperity I can help other Native people prosper – to rise above all the racism and bigotry Native people have to endure. This way we can reinforce one another – we can together become strong and preserve traditional values."

Kaaydah is currently working on a book (called *The Double Braid*) of profiles of Native people – five men and five women, in the arts, in education, in business ("I don't advocate everyone's striving to be an entrepreneur; I advocate their pursuing their own dreams and striving to succeed in their chosen field") for young people in grades 6-8. She has hired a writer to work with her (she is dyslexic) and is financing the writing of the project herself. She hopes for a first printing of 250 000 copies in paperback.

"*The Double Braid* is a labour of love," Kaaydah says, "I'm not doing it to make money. I want Native students to have positive role models and I want non-Native young people to learn about accomplished Native people." She says she will make copies available to schools at a low price.

Activity Sheet 22 Response Sheet

1. Is Kaaydah Schatten an Indian?

   1 2 3 4 5
   Yes No

2. Does she exhibit "Indian values"?

   1 2 3 4 5
   Yes No

3. Is her behaviour "Indian"?

   1 2 3 4 5
   Yes No

4. Is Kaaydah a good role model for other Indians?

   1 2 3 4 5
   Yes No

5. Would you like to be Kaaydah Schatten?

   1 2 3 4 5
   Yes No

6. Would Native people be better off, if there were more Kaaydah Schattens?

   1 2 3 4 5
   Yes No

7. Does Schatten prove that "if she could make it, you can make it too"?

   1 2 3 4 5
   Yes No

Unit IV:
Identification of Addictions

Introduction

This unit contains a variety of simple tools to help instructors identify students with addictive behaviour.

The first two identification instruments are designed to simply alert you, the instructor, to some of the behaviours associated with substance abuse.

The second two questionnaires are intended to help students identify for themselves (and in turn the instructor) whether or not they have a "drinking problem."

These are general guidelines only; they are designed to identify possible behaviours and patterns associated with addictions. They are only warning signs, not absolute descriptors.

Identification often requires little formal effort. Either students are aware of the problem and, as they learn to trust and become more comfortable with the instructor, seek help, or their dysfunctions intrude into the classroom in an obvious and devastating manner. Thus, the instructor is often the person most able to assist addictive students in seeing the problem for themselves, and may sometimes be the only significant person students interact with outside a circle of co-dependents who are unable or unwilling to confront them with the problem.

Identification – and the subsequent intervention – thus becomes a critical phase in working with the addictive student. It requires perceptiveness, sensitivity, and awareness. Based on careful observation and assessment, an instructor can decide whether and how to intervene.

Identification Instrument 1
Basic Screening Assessment for Alcohol/Drug Problems

This identification instrument offers a simple basis for an **oral assessment** of a student's abuse of alcohol. It can be used by the instructor to determine whether to conduct (or refer the client to) a basic comprehensive assessment that will, in turn, provide direction for treatment planning.

Areas of Inquiry	**Key topic**
Alcohol/drug consumption:	(a) How much?
	(b) How often?
	(c) When during the day?
	(d) What substances?
Effect of alcohol/drug consumption on:	(a) Health
	(b) Marriage
	(c) Family
	(d) Work
	(e) Involvement with the law
	(f) Financial status
	(g) Leisure activities
	(h) Friends

Identification Instrument 2
Recognizing Addictive Behaviour
(Warning Signs and Symptoms of a Troubled Student)

General Behaviour

- withdrawn
- temper outbursts
- inappropriate giggling/laughter
- dramatic attention-getting behaviour
- irritability
- hyperactivity
- time and space disorientation
- inappropriate verbal responses
- depression (listlessness, disinterest, a sense of being "not really there")
- defensiveness about alcohol/drug use
- talks about suicide.

School Attendance

- frequently late
- skipping class before and/or after lunch
- frequent requests to leave the room.

Academic Performance

- change in classroom participation
- inconsistent daily work
- shortened attention span.

Social Problems

- changing group of friends
- deterioration of rapport with teachers
- loss of interest and involvement in hobbies, sports, politics (whatever student's particular interests happen to be).

Physical Warning Signs

- sleeping in class
- blood-shot eyes
- excessive nervousness
- rapid speech (extreme talkativeness)
- physical injuries
- slurred speech.

Identification Instrument 3
Brief Screening Instrument (for Alcohol Abuse)[7]

Name: ______________________________ Date: ____________

The following questions concern information about your use of alcoholic beverages during the past 12 months. Carefully read each statement, and decide if your answer is "Yes" or "No." Then, circle the appropriate response beside the question.

Please answer **every** question. If you have difficulty with a statement then choose the response that is mostly right.

Note: These questions refer to the past 12 months

	Circle your response	
1. Do you feel you are a normal drinker? (By normal we mean you drink as much or less than the average person.)	Yes	No
2. Do friends or relatives think you are a normal drinker?	Yes	No
3. Have you attended a meeting of Alcoholics Anonymous (AA) because of your drinking?	Yes	No
4. Have you lost friends or girlfriends/boyfriends because of your drinking?	Yes	No
5. Have you gotten into trouble at work because of your drinking?	Yes	No
6. Have you neglected your obligations, your family, or your work for two or more days in a row because you were drinking?	Yes	No
7. Have you had delirium tremens (DTs), severe shaking, heard voices, or saw things that weren't there after heavy drinking?	Yes	No
8. Have you gone to anyone for help about your drinking?	Yes	No
9. Have you been in a hospital because of drinking?	Yes	No
10. Have you been arrested for drunk driving or driving after drinking?	Yes	No

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[7] This alcohol use questionnaire (MAST) is reproduced courtesy of Addictions Research Foundation

MAST – 10 Scoring Key (for instructor use only)

Item 1: Yes (0) No (1)

Item 2: Yes (0) No (1)

Item 3: Yes (1) No (0)

Item 4: Yes (1) No (0)

Item 5: Yes (1) No (0)

Item 6: Yes (1) No (0)

Item 7: Yes (1) No (0)

Item 8: Yes (1) No (0)

Item 9: Yes (1) No (0)

Item 10: Yes (1) No (0)

Add up the score (0 or 1) for each item to yield the Total Score (range 1 to 10).

Interpretation

Score	Degree of Problems Related to Drinking	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

Identification Instrument 4
Twenty Questions[8]
(Are You an Alcoholic?)

To answer this question, ask yourself the following questions, and answer them as honestly as you can.

1. Do you lose time from work due to drinking? Yes No
2. Is drinking making your home life unhappy? Yes No
3. Do you drink because you are shy with other people? Yes No
4. Is drinking affecting your reputation? Yes No
5. Have you ever felt remorse after drinking? Yes No
6. Have you gotten into financial difficulties as a result of drinking? Yes No
7. Does your drinking make you careless of your family's welfare? Yes No
8. Has your ambition decreased since drinking? Yes No
9. Do you crave a drink at a definite time daily? Yes No
10. Do you want a drink the next morning? Yes No
11. Does drinking cause you to have difficulty in sleeping? Yes No
12. Has your efficiency decreased since drinking? Yes No
13. Is drinking jeopardizing your job or business? Yes No
14. Do you drink to escape from worries or trouble? Yes No
15. Do you drink alone? Yes No
16. Have you ever had a complete loss of memory as a result of drinking? Yes No
17. Has your physician ever treated you for drinking? Yes No
18. Do you drink to build up your self-confidence? Yes No

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[8] This questionnaire is reproduced with permission from the Round Lake Treatment Centre.

19. Have you ever been to a hospital or institution on account of drinking? Yes No

20. Have you lost friends because of your drinking? Yes No

Scoring

One Yes = A definite warning regarding alcoholism and alcohol abuse

Two Yeses = Significant possibility of alcoholism and alcohol abuse

Three Yeses = Likelihood of alcoholism and serious alcohol abuse

Unit V: Intervention

Knowing When to Intervene

Most of the material in this manual is designed to aid you, the instructor, in prevention rather than treatment of addiction in your students. Recognizing that Native students are at high risk of developing addictive behaviour and providing them with a supportive classroom environment might be the most effective contributions to the prevention of addiction that you can make.

Nonetheless, there may be times when it is necessary to do more. You may have to intervene directly in helping the addictive student recognize and deal with his or her dysfunctional behaviour. As an adult educator, how can you do this effectively?

Nurse-Counsellor Ruth Eyford (Addiction Research Centre, Toronto) in her article, "Early Intervention Goal of Clinic Project," referring specifically to intervening in another person's addictive behaviour, says, "Intervention is a way to show your concern for the person drinking or using drugs ... The first purpose of intervention is to assist the addicted person to see that he/she needs help." The second purpose, she goes on to explain, addresses family members – to ensure that the family, even when the addicted person declines help, gets the support it needs in coping with the addicted family member.

In her article, Ms. Eyford refutes three common beliefs regarding the futility of attempts to intervene where destructive behaviour is present. These misconceptions are that

- "Nothing can be done until the person dependent on alcohol or other drugs is ready to ask for help." In fact, it is possible to **create** a crisis in a constructive way to force a change.
- "An addicted person will not accept treatment unless the problems are so severe the person can no longer deny them." In fact, the **sooner** one deals with drinking and drug problems the better the chance of recovery.
- "People have got to "hit bottom" and lose everything before help is effective." In fact, people with jobs and **support** from family and friends tend to recover more quickly.

Intervention literature is not usually directed to adult education instructors, but rather to friends and family of the addict; that is, to those whose lives are most immediately affected by the addict's behaviour.

Guidelines on the proper techniques or procedures of "formal" intervention often consist of planned group interventions based on the theory that the alcoholic/addict's defense system is much more likely to crumble in the face of group solidarity.

Confrontation should involve the following seven steps:

- Persons important to the addict/alcoholic present facts to him or her.
- The data regarding events is descriptive and concrete.
- The tone is non-judgmental.
- The chief evidence is tied directly to addictive behaviour.
- The evidence of behaviour is presented in detail.
- Help is offered to the addict so he or she can accept reality.
- Available choices are offered.

Direct confrontation of this sort would generally be considered inappropriate on the part of an academic instructor. There may, however, be times when the urgency of the situation and/or the unavailability of more appropriate or professional help necessitates that an A.B.E. instructor intervene.

Examples of such a situation might be when a person comes to class obviously under the influence of alcohol or drugs, exhibiting signs of serious neglect, or clearly in a state of acute depression.

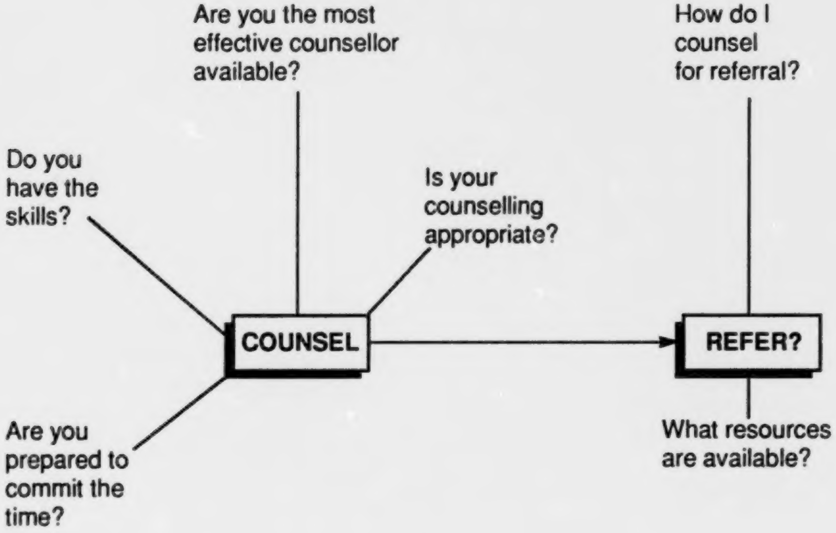
Situations that are not urgent but nevertheless indicate that a student is in need of counsel will undoubtedly arise. If there does not appear to be anyone else to whom the student can turn, you as an instructor will have to make a decision as to what can and should be done.

Questions you might ask yourself in deciding either to counsel the individual yourself or to refer him or her to an outside helping agency are:

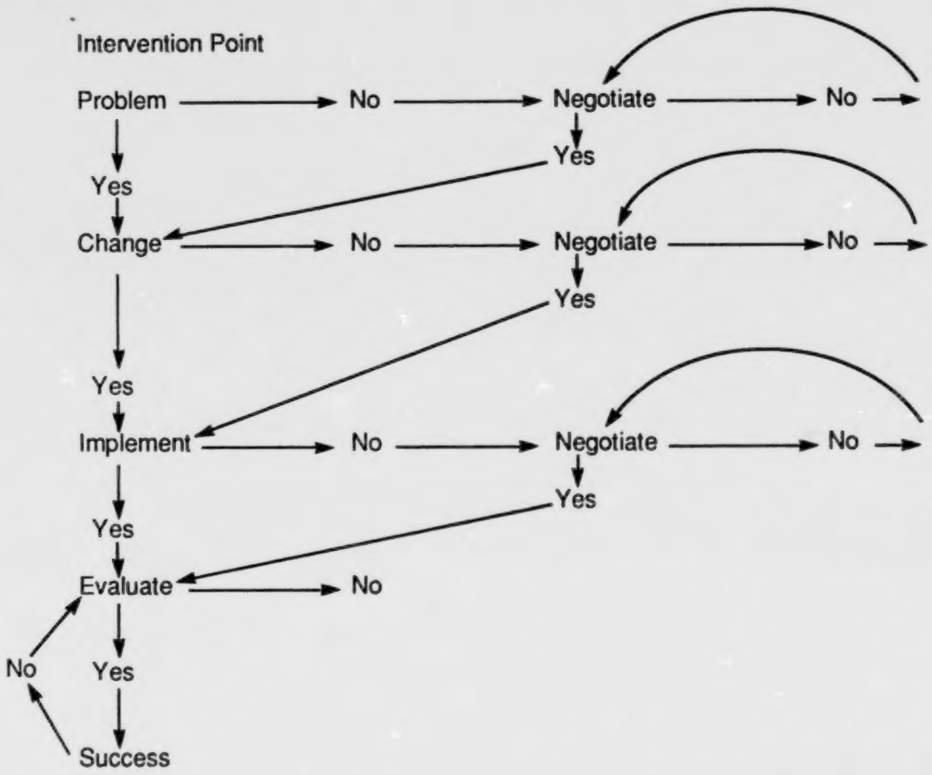
- Do you think your counselling would be effective in this particular instance?
- Are you the best counsellor **available**?
- Do you have adequate skills?
- Are you willing and able to commit yourself to the time requirement involved?
- Is the counselling you are able to provide appropriate? (See the following A.B.E. Instructor Intervention Model.)

A.B.E. Instructor Intervention Model

When deciding whether to counsel a student yourself, use this model.


Are you the most effective counsellor available?
How do I counsel for referral?
Do you have the skills?
Is your counselling appropriate?
COUNSEL
REFER?
Are you prepared to commit the time?
What resources are available?

If you decide to refer an individual student, it might be helpful to consider the following model of a counselling technique.



Once you have decided to intervene, ask the client, "Is there a problem?" If the answer is "yes," ask "Do you wish to change the circumstances, the way things are, the way you live, the way you feel inside ?"

If the answer is "yes," ask, "Let us think of a plan. What do you think? Can we come up with a plan? An alternate plan?" If the person responds positively, ask "And when this change is brought about, can we come up with ways to maintain it?"

If the student says "No" or is ambivalent in answering any of these questions, stop, consider, and reflect on how to proceed. But a "No" is not necessarily an end point.

If the individual refuses to accept your assessment, notice that the diagram of a decision-making system indicates "negotiate." Negotiating is where your skills and knowledge will be most critical in helping the addictive student come to some recognition of the issue at hand and be willing to move to the next step. This process of recognition implies trust, respect for the individual, and solid counselling and interpersonal skills on your part.

It is beyond the scope of this manual to offer guidance on how to counsel the addictive student. However, the compassion and commitment of a sensitive teacher is the most important factor in successful intervention.

In intervening and making your referral for treatment the following points should be considered.

- An individualized "empathic" appreciation of "drug dependency" (i.e., what is this particular person's situation). More than one perspective for understanding drug dependence should be considered.
- The recognition that there are a series of stages of drug dependence that require different degrees of treatment.
- A careful analysis of the "generating factors" that contribute to a particular person's dependence pattern. Appreciation of the "vicious circles" that perpetuate to drug use and contribute to relapse.
- Knowledge of "major modalities" available for treatment, in general and in relation to
  - actual client capacities
  - available treatment resources
  - the "best match" between client situation and available resources
  - some means of on-going facilitation and support of clients through the treatment system and follow-up care, i.e., continuing care/management.

Drug and Alcohol Organizations and Programs[9]

In intervening, the likelihood is that you will need to refer a seriously addictive student to a centre or program specifically designed to help addictive persons.

Local mental health centres and alcohol and drug programs may be the only available services in your community, and although not specifically designed for Native people, they can offer real support and effective counselling. It is important that Native people are made aware of and feel comfortable using these services when no other resources are available.

There are, however, major provincial organizations and programs devoted specifically to working with Native addictions. Information as to whether a program will take non-Native clients can be obtained from contacting the individual treatment centre.

Most of the Native treatment centres/programs listed here do not charge a fee to clients, however, if there is any doubt, please contact the treatment centre in question.

Non-Residential: Lower Mainland

- **Allied Indian and Metis Society**
  2716 Clark Drive
  Vancouver, B.C. V5N 3H6
  Phone: 874-9610

  Program length: 4 months

  Fees: None

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[9] Information in this section was taken from *Directory of Substance Abuse Services in British Columbia 1989* (available from Kaiser Substance Abuse Foundation, 1900 - 1500 West Georgia St., Vancouver, B.C. V6G 2Z8). Since there are many other services, treatment centres, and programs available, please refer to the directory for further information.

This program offers individual counselling to Native men with alcohol or drug problems. Client referrals are accepted from the courts, probation officers, and liaison workers within penal institutions. Besides drug and alcohol counselling, a wide variety of services such as employment and education counselling are offered as well.

- **Anger Workshop**
  705 - 1150 Burnaby Street
  Vancouver, B.C. V6E 1P2
  Phone: (Durb Stenback) 685-3971

  Fees: $55

  Adult children of alcoholics or people from families with other major dysfunctions often have difficulty dealing with their anger. This workshop is designed for such individuals. Topics covered by the workshop include past anger, potential anger, expressing anger, and dealing with anger. This three-session workshop will be given on an on-going monthly basis. Individuals interested in attending should call for dates and times.

- **Lil'wat Drug and Alcohol Abuse Program**
  Mount Currie Indian Band
  P. O. Box 165
  Mount Currie, B.C. V0N 2K0
  Phone: 894-6515

  Program length: Varies according to individual needs

  Fees: None

  This program helps anyone with an alcohol or other drug abuse problem. Counselling is offered to band members and families. In addition, counsellors work closely with other community workers. As part of the prevention campaign, the counsellors speak to young people, show films, and organize workshops on the dangers of substance abuse. As well, there are on-going AA, Al-Anon, and support groups available.

- **Native Courtworkers and Counselling Association of B.C.**
  219 Main Street
  Vancouver, B.C. V6A 2S7
  Phone: 687-0281

  Program length: Varies according to individual needs

  Fees: None

  This organization offers Native individuals advice concerning their rights and legal responsibilities. An alcohol counsellor works with courtworkers to assist Native individuals with alcohol-related problems, and provides referrals to services such as detoxication centres and Native treatment programs.

- **Sechelt Indian Band Alcohol Alternative Program**
  Sechelt Indian Band
  P. O. Box 740
  Sechelt, B.C. V0N 3A0
  Phone: 688-3017

  Program length: Varies according to individual needs

  Fees: None

  This program provides individual counselling for any band member or family who wants help with an alcohol or drug problem. An AA group has been organized to provide incentive and mutual support. A recreation program for youth and older people offers a healthy and enjoyable alternative to substance abuse. As well, the program is actively involved in social welfare.

- **Squamish Indian Band**
  Alcohol and Drug Program
  P. O. Box 86131
  North Vancouver, B.C. V7L 4J5
  Phone: 985-7711

  Program length: Varies according to individual needs.

  Fees: None

  Counsellors offer assistance to any band member or family in the North Vancouver or Upper Squamish area. Services include individual and family counselling, film presentations, and public lectures, as well as AA, Al-Anon, and Alateen groups.

Non-Residential: Fraser Valley

- **Chehalis Alcohol Counselling Services**
  Chehalis Indian Band
  Comp. 66, Chehalis Road
  R.R. #1
  Agassiz, B.C. V0M 1A0
  Phone: 796-3572

  Program length: Varies according to individual needs

  Fees: None

  The counsellors of this service assist any band member or family with alcohol or other drug related problems. In addition to providing counselling, the counsellors organize community education workshops, alcohol-free social activities, and self-help groups such as Alateen. As well, the counsellors show films which address alcohol abuse, and organize outings to other communities with alcohol programs. A new community centre is now open.

- **Chilliwack Area Indian Council**
  Drug and Alcohol Abuse Counselling Program
  Chilliwack Area Indian Council
  P. O. Box 73
  Sardis, B.C. V0X 1Y0
  Phone: 858-3384

  Program length: Varies according to individual needs

  Fees: None

  This program provides individual, group, and family counselling for chemically dependent individuals and concerned others. The program aims to provide comprehensive care for the members of the community. Special educational programs and activities are provided for youth. As well, the counsellors arrange workshops, Native youth conferences, and peer counselling, and speak to youth in schools. These services are not restricted to members of any particular band.

Non-Residential: Central and South East

- **Bonaparte Indian Band**
  Alcohol and Drug Program
  Box 669
  Cache Creek, B.C. V0K 1H0
  Phone: 457-9624

  Program length: Varies according to individual needs

  Fees: None

  This program is for any Native person or family with an alcohol problem. Individual counselling is provided and referrals may be made to detoxication and treatment centres. The program seeks to increase awareness of the causes and effects of substance abuse, and the options available to individuals in need. As well, the program acts as a liaison service between social service agencies and the client to ensure that the basic needs of clients are met.

- **Canim Lake Band Alcohol and Drug Abuse Program**
  Box 1030
  100 Mile House, B.C. V0K 2E0
  Phone: 397-2227

  Program length: Varies according to individual needs

  Fees: None

  This program offers basic support and prevention services to residents of the surrounding community. The program consists of alcohol and drug counselling services, referrals to the area's detoxication centre, and community education workshops. The counsellors also organize the local AA, Al-Anon, and Alateen groups. A special presentation of the program is the area A.A. Roundup held every October.

- **Conayt Friendship Society**
  Box 1989
  Merritt, B.C. VOK 2BO
  Phone: 378-4144 or 378-5107

  Program length: Varies according to individual needs

  Fees: None

  This program is for anyone with alcohol or other drug related problems. The treatment program provides individual, family, and group counselling services. Cultural and spiritual counselling is offered to Native clients with substance abuse difficulties. Special alcohol or other drug counselling is available for youth.

- **Fountain Indian Band Alcohol and Drug Program**
  P. O. Box 1330
  Lillooet, B.C. V0K 1V0
  Phone: 256-4227

  Program length: Varies according to individual needs

  Fees: None

  This program offers assistance to any individual or family who wishes to address substance abuse problems. Referrals for appointments are accepted from the police, schools, employers, M.S.S.H., public health officials, family, and self. Other services of the program consist of counselling, public education on the hazards of substance abuse, and referrals to other agencies and residential treatment facilities. On-going counselling is provided.

- **Kamloops Native Community Alcohol Program**
  Interior Indian Friendship Society
  225 Tranquille Road
  Kamloops, B.C. V2B 3G2
  Phone: 376-1296

  Program length: Varies according to individual needs

  Fees: None

  This program is for any Native person or family with an alcohol problem. Individual counselling is provided and referrals may be provided to detoxication and treatment centres. The program seeks to increase awareness of the causes and effects of substance abuse and the options available to individuals in need. There are on-going Alcoholics Anonymous, Al-Anon, and Alateen support groups available in the area. As well, the program acts as a liaison service between social service agencies to ensure that the basic needs of clients are met. A special effort is made to help youth.

- **Lillooet District Indian Council**
  Alcohol and Drug Abuse Program
  P. O. Box 465
  Lillooet, B.C. V0K 1V0
  Phone: 256-7131

  Program length: Varies according to individual needs

  Fees: None

  This program provides prevention and community support services to help end alcohol and drug abuse. The program offers counselling to Native people who have alcohol or other drug related problems. At the request of local employers, counsellors work with employees who have an alcohol or drug abuse problem. Counsellors address youth groups, Alcoholics Anonymous groups, potlatches, roundups, elder gatherings, and other meetings. As a positive alternative to substance abuse, counsellors arrange numerous cultural activities.

- **Lytton Alcohol and Drug Abuse Program**
  P. O. Box 20
  Lytton, B.C. V0K 1Z0
  Phone: 455-2304

  Program length: Varies according to individual needs

  Fees: None

  This program helps **anyone** with an alcohol or drug abuse problem, and provides counselling, referrals to a treatment centre, and community education. The counsellors work closely with other area social agencies, such as the Child Welfare Committee. The community has on-going Alcoholics Anonymous, Al-Anon, and Alateen groups for support.

- **Native Education in Alcohol and Drug Services**
  (Kelowna Native Friendship Society)
  442 Leon Avenue
  Kelowna, B.C. V1Y 6J3
  Phone: 763-4905

  Program length: Varies according to individual needs

  Fees: None

  This service provides counselling for Native individuals and their families who are experiencing alcohol or other drug abuse difficulties. Referrals are accepted from self, social service agencies, family, and friends. The emphasis of the service is to help clients establish a life free of alcohol or drug dependency. The counsellor and client work together in order to set up an effective treatment plan. Referrals to residential treatment facilities and a follow-up support system are also provided.

- **North Thompson Indian Band**
  P. O. Box 220
  Barriere, B.C. V0E 1E0
  Phone: 672-9995

  Program length: Varies according to individual needs

  Fees: None

  This program offers assistance to any individual who is experiencing difficulties or is affected by alcohol or drug abuse. Services include counselling and referrals from other support services that provide in depth counselling, or therapy through the assistance of the Chu Chua Drug and Alcohol Advisory Committee. Social activities are initiated and directed at providing positive stimulation in the community (e.g., workshops, youth group activities, and other community support groups).

- **Okanagan Self-Help Project**
  Site 89, Comp. 20, R.R. #7
  Vernon, B.C. V1T 7Z3
  Phone: 542-4328

  Program length: Varies according to individual needs

  Fees: None

  This project provides counselling to band members and families who are having substance abuse problems. Clients may be referred to the Round Lake Treatment Centre. Weekly community workshops on substance abuse related topics are offered. As well, the counsellor works closely with other social programs and is in close contact with Native court workers and community representatives.

- **Okanagan Tribal Council Drug and Alcohol Counselling Program**
  257 Brunswick Street
  Penticton, B.C. V1A 5P9
  Phone: 493-7181

  Program length: Varies according to individual needs

  Fees: None

  This project provides preventative and intervention community support services. Counsellors visit those band members and families who have a problem with alcohol or other drugs. On-going Alcoholics Anonymous groups provide mutual support. To increase public awareness of the hazards of substance abuse, the counsellors organize awareness workshops with films and discussions, and develop programs geared to the needs of youth.

- **Pavilion Band Administration Office**
  P. O. Box 609
  Cache Creek, B.C. V0H 1H0
  Phone: 256-4204

  Program length: Varies according to individual needs

  Fees: None

  This program provides prevention maintenance and in-depth therapy to any individual or family member affected by alcohol or other drugs, or to emotional, physical, or mental abuse. Other services available are group counselling, community awareness, and seminars that address any topic or age group.

- **Sahhalk Community Awareness Project**
  Adams Lake Band
  P. O. Box 588
  Chase, B.C. V0E 1M0
  Phone: 679-3209

  Program length: Varies according to individual needs

  Fees: None

  The services of this community support and prevention program include counselling for individuals and families with alcohol or substance abuse problems and referrals to treatment centres. Other services consist of organizing alcohol awareness workshops and self-help groups such as AA, Al-Anon, and Alateen. The alcohol counsellor works closely with other community workers.

- **Skiel Mountain Revival**
  Native Alcohol Abuse Program
  Seton Lake Indian Band
  General Delivery
  Shalath, B.C. V0N 2C0
  Phone: 259-8227

  Program length: Varies according to individual needs

  Fees: None

  This program offers guidance to **anyone** whose life is affected by alcohol or drug abuse. Counselling is available for band members, families, and groups. The program emphasizes that it is the responsibility of the community to deal with the alcohol and drug problems or its individual members. As well, the counsellor speaks to children and youth about the dangers of substance abuse, and, if they are having trouble, speaks with them individually.

- **Spallumcheen Alternate Program**
  Spallumcheen Indian Band
  Box 430
  Enderby, B.C. V0E 1V0
  Phone: 838-6496

  Program length: Varies according to individual needs

  Fees: None

  This alcohol abuse program provides community support, preventive services, and a recovery home. Counselling is available for any individual or family with alcohol problems. Clients may be referred to residential treatment centres or other appropriate facilities. Other services include community education workshops and films, an AA group, and recreational and social activities.

- **Upper Nicola Native Outpatient Counselling Centre**
  Box 188
  Merritt, B.C. V0K 2B0
  Phone: 378-4321

  Program length: Varies according to individual needs

  Fees: None

  This centre provides community support and preventive services. Counselling is available for any band member or family with substance abuse problems. Counsellors may refer individuals to residential treatment centres. Other services include follow-up care and a variety of community workshops. In addition, counsellors arrange cultural and traditional activities, often with the assistance of the elders.

- **Vernon Native Alcohol and Drug Counselling Service**
  (United Native Nations Friendship Centre)
  2902 - 29th Ave.
  Vernon, B.C. V1T 1Y7
  Phone 542-1247

  Program length: not set length

  Fees: None

  This program offers individual family and group counselling to Native people. Referrals are accepted from family, self, and concerned others. The treatment process, designed to intervene in the client's alcohol or drug dependency, assists in establishing a new lifestyle. Treatment includes assessment, referral, and follow-up counselling. In addition, the service acts as a community information resource.

Non-Residential: North

- **Alkali Drug and Alcohol Program**
  Alkali Lake Indian Band
  General Delivery
  Alkali Lake, B.C. V0L 1B0
  Phone: 440-5611

  Program length: Varies according to individual needs

  Fees: None

  This community-based program assists band members and families with alcohol or drug abuse problems. The counsellor and Band Council provide work projects, organize enjoyable alcohol and drug free recreational and cultural activities, and help reintegrate the individual back into the community. AA, Al-Anon, and Alateen groups on the reserve also offer support.

- **Cariboo Friendship Society**
  Alcohol and Drug Program
  South Cariboo Resource Centre
  Box 1288
  100 Mile House, B.C. V0K 2E0
  Phone: 395-5288

  Program length: Varies according to individual needs

  Fees: None

  This program is for **anyone** with problems related to substance abuse. Clients may refer themselves or be referred by other agencies (e.g., M.S.S.H., probation, etc.). The program consists of individual counselling and may involve group counselling and referral to residential treatment centres. Sexual abuse counselling is also offered. The emphasis of the program is on working with youth and families. The program also acts as an information resource to the community.

- **Choonachee**
  Halfway River Indian Band
  Box 59
  Wonowon, B.C. V0C 2N0
  Radio Phone: N696488

  Program length: Varies according to individual needs

  Fees: None

  The counsellor of this program helps individuals and families with alcohol or drug abuse problems. People may be referred to a residential treatment centre for further help. AA meetings are held every week. Social and recreational activities are held as an alternative to substance abuse. The counsellor speaks to youth in schools about the dangers of substance abuse.

- **Dagaanhl Tlaat Society**
  Masset Indian Band
  P. O. Box 625
  Masset, B.C. V0T 1M0
  Phone: 626-3947

  Program length: Varies according to individual needs

  Fees: None

  This society offers an alcohol abuse program that features counselling, referrals to treatment centres, and community education workshops and films. Organized alcohol-free recreational activities are offered as well. A community Alcohol Committee, which draws on members from the RCMP, the Band Council, and social service agencies, works to end alcohol abuse in the Masset area.

- **Dim Nadalique Native Alcohol Abuse Program**
  Gitksan-Carrier Tribal Council
  P. O. Box 69
  Hazelton, B.C. V0J 1Y0
  Phone: 842-5916

  Program length: Varies according to individual needs

  Fees: None

  This program serves the community by providing counselling for Native people who are experiencing difficulties related to alcohol or other drug abuse. Other services include community education lectures and self-help groups such as AA, Al-Anon, and Alateen. As well, counsellors plan alcohol-free leisure activities such as dances, dinners, and picnics. A non-drinking social club provides a support group for recovering alcoholics. Many of the program's activities promote increased cultural and traditional awareness among the participants.

- **Fort Ware Indian Band**
  c/o Kaska Dena Tribal Council
  General Delivery
  Fort Ware, B.C. V0J 1N0
  Radio Phone: YP37388

  Program length: Varies according to individual needs

  Fees: None

  This program provides counselling to individuals and families. Counsellors offer assistance in parenting and personal growth, and in learning arts and crafts, assertiveness, and life skills. Workshops on these topics and others are held regularly. As well, recreation programs and AA groups provide alternatives to alcohol or drug abuse.

- **Galdaax Alcohol Program**
  Kincolith Indian Band
  Nass Valley
  Kincolith, B.C. VOV 1BO
  Phone: 326-4289

  Program length: Varies according to individual needs

  Fees: None

  This program provides counselling for band members and families experiencing difficulties due to alcohol or drug abuse. Counsellors increase community awareness of the problems through films and public discussions. An alcohol-free drop-in centre provides a place to meet and to learn from the elders about Indian culture.

Gitksan-Wet-suwet-en
Educational Society
P.O. Box 229
Hazelton, B.C. VOJ 1YO
Phone: 842-6511

Program length: Varies according to individual needs

Fees: None

This program serves the community by providing counselling for Native people who are experiencing difficulties related to alcohol or other drug abuse. Other services include community education lectures and self-help groups such as Alcoholics Anonymous. Many of the programs' activities promote increased cultural and traditional awareness among the participants. Prevention programs in school and outdoor programming are also provided.

- **Greenville Alcohol and Drug Abuse Project**
  Lakalzap Band Council
  Greenville, B.C. V0J 1X0
  Phone: 621-3257

  Program length: Varies according to individual needs

  Fees: None

  The counsellors of this project help band members and families with alcohol and drug abuse problems. As well, they organize educational workshops that deal with substance abuse and a variety of related topics. A number of support groups, such as a youth group and Women for Sobriety, meet regularly in the community.

- **Hassiipgum Aks Program**
  Skateen Avenue
  New Aiyansh, B.C. V0J 1A0
  Phone: 633-2215

  Program length: Varies according to individual needs

  Fees: None

  This band program acts in a preventive and supportive role for the Native community by working to end alcohol and drug abuse. Counselling is provided for band members and families with alcohol or other drug related problems. Other services include referrals to residential treatment centres and community education workshops. The counsellors encourage clients to seek a life free of dependence on alcohol, and promote such positive alternatives as work, education, and recreation.

- **Keeginaw Friendship Centre**
  10209 - 95th Avenue
  Fort St. John, B.C. V1J 2M7
  Phone: 785-8566

  No description available

- **Kermode Friendship Society**
  3313 Kalum Street
  Terrace, B.C. V8G 2N7
  Phone: 635-4906

  No description available

- **Kitamaat Village Council**
  Alcohol Abuse Program
  Haisla
  P. O. Box 1101
  Kitamaat Village, B.C. V0T 2B0
  Phone: 632-2036

  Program length: Varies according to individual needs

  Fees: None

  This band program works to end alcohol abuse within the community. Counselling is offered to any Native individual or family with substance abuse related difficulties. Other services offered include prevention, community support, community education workshops, and organized cultural and traditional gatherings. Counsellors work with youth in the local schools to provide awareness of the dangers of drugs and alcohol.

- **L'Ah Tsuten Alcohol and Drug Program**
  Necoslie Indian Band
  P. O. Box 1329
  Fort St. James, B.C. V0J 1P0
  Phone: 996-8228

  Program length: Varies according to individual needs

  Fees: None

  This program works to end alcohol and other drug abuse within the community. Counselling is offered to Native individuals and families with alcohol or other drug related problems. Other services include organizing referrals to residential treatment centres, workshops for families and self-help groups such as Alcoholics Anonymous and Al-Anon. Counsellors work with youth, often in close conjunction with the courts, the probation department, and social agencies. In addition, the program staff arrange cultural activities.

- **Lake District Carrier Drug and Alcohol Abuse Program**
  Lake Babine Band
  P. O. Box 879
  Burns Lake, B.C. V0J 1E0
  Phone: 692-7555

  Program length: Varies according to individual needs

  Fees: None

  Counsellors of this program will visit any band member or family in the area with a drug or alcohol problem. Clients may be referred for residential treatment to Round Lake or Kakawis treatment centres. As well, the counsellors organize community education workshops with films and discussions about the problem of alcohol and drug abuse. They also speak with youth in the schools.

- **Lax Kw'Alaams Alcohol and Drug Abuse Program**
  P. O. Box 992
  Port Simpson, B.C. V0V 1H0
  Phone: 625-3293 or 623-3393

  Program length: Varies according to individual needs

  Fees: None

  This program provides prevention and community support services. Counsellors offer help to individual and families who are facing alcohol or other drug abuse problems. Counsellors provide an Alcoholic Anonymous group, community workshops and films, and referrals to treatment centres. The alcohol counsellor is especially interested in helping youth and runs classes covering a variety of topics related to substance abuse. The program's drop-in centre provides numerous activities as positive alternatives to alcohol or drugs.

- **Liard Friendship Centre**
  Box 1266
  Fort Nelson, B.C. VOC 1RO
  Phone: 774-2993

  No description available

- **Mawican Friendship Centre**
  Box 593, 1320 - 102nd Ave.
  Dawson Creek, B.C. V1G 4H4
  Phone: 782-5202

  No description available

- **Metlakatla Band Council**
  P. O. Box 459
  Prince Rupert, B.C. V8J 3R2
  Phone: 9006 A 638-9072

  Program length: Varies according to individual needs

  Fees: None

  This program provides prevention and maintenance services to Metlakatla community members affected by alcohol or drug abuse. Besides alcohol, counselling includes workshops on parenting, child abuse, neglect, and battering, and self-help groups.

- **Prince George Friendship Centre**
  144 George Street
  Prince George, B.C. V2L 1P9
  Phone: 564-3568

  No description available

- **Quesnel Alcohol and Drug Abuse Centre**
  #12 - 665 Front Street
  Quesnel, B.C. V2J 1Y9
  Phone: 992-8347

  No description available

- **Sekani Alcohol and Drug Program**
  McLeod Lake Indian Band
  General Delivery
  McLeod Lake, B.C. V0T 2G0
  Phone: 562-2717

  Program length: Varies according to individual needs

  Fees: None

  This program is for any Native individual with a substance abuse problem. Counselling is available for band members, families, or groups. Individuals may be referred to residential treatment centres. The program emphasizes substance abuse prevention and community awareness. An Alcoholics Anonymous group meets regularly.

- **Smbaal ("Everybody try it")**
  Hartley Bay Indian Band
  Hartley Bay, B.C. V0V 1A0
  Radio Phone: N692939

  Program length: Varies according to individual needs

  Fees: None

  The counsellor of this program provides guidance for anyone with an alcohol or other drug abuse problem. Counselling is available for band members, families, and groups. A goal of the program is to provide information to the community on the immediate and long-range effects of drug and alcohol abuse. The counsellor shows films, holds group discussions, and speaks to young people in the schools.

- **Soda Creek Indian Band**
  Site 15, Comp. 2, R.R. #4
  Williams Lake, B.C. V2G 4M8
  Phone: 297-6323

  Program length: Varies according to individual needs

  Fees: None

  This program offers services to individuals experiencing difficulties with alcohol and drug abuse. Services include counselling/referral, groups, organized social activities and workshops on family dynamics, communications, personal awareness, educational videos, and community interaction.

- **Stellaque Band**
  P. O. Box 760
  Fraser Lake, B.C. V0J 1S0
  Phone: 669-8747

Program length: Varies according to individual needs

Fees: None

This program provides services to all individuals who are subjected or may be subjected to alcohol/drug abuse, or those who are under mental and physical stress related to alcohol/drug abuse. The service will address counselling/referral, group dynamics on self-esteem, family counselling, youth and childhood growth, and community and cultural awareness.

- **Stoney Creek Alcohol Program**
  Stoney Creek Indian Band
  Box 1069
  Vanderhoof, B.C. V0J 3A0
  Phone: 567-9293

  Program length: Varies according to individual needs

  Fees: None

  This substance abuse prevention program uses Native culture and spiritual awareness to lead people back to healthy ways of living. The program counsellor works to prevent substance abuse by holding community workshops and speaking with young people in the schools.

- **Stuart Trembleur Alcohol Project**
  Box 670
  Fort St. James, B.C. V0J 1P0
  Phone: 648-3212

  Program length: Varies according to individual needs

  Fees: None

  This project helps any band member or family with an alcohol problem. Services include counselling, referrals to residential treatment centres, and follow-up care. Other services provided by the project include community education workshops, films, and alcohol-free social and recreational activities.

- **Sugar Cane Alcohol Program**
  Williams Lake Indian Band
  R.R. #3
  Sugar Cane, Box 4
  Williams Lake, B.C. V2G 1M3
  Phone: 296-3507

  Program length: Varies according to individual needs

  Fees: None

This program creates work projects and holds workshops for adults and children suffering from substance abuse. As well, A.A., Alateen and Al-Anon groups meet regularly, and an inter-tribal A.A. Round-Up is held annually. Other recreational cultural activities are also planned by program workers.

- **Taaxwi Laas Native Alcohol Abuse Project**
  R.R. #1
  Skidegate, B.C. V0T 1S0
  Phone: 559-8372

  Program length: Varies according to individual needs

  Fees: None

  This project provides prevention and support services to the community. Counselling is offered to Native individuals and families with substance abuse problems. Counsellors provide referrals to treatment centres and follow-up care to clients in need. They also organize community education workshops and remain in close contact with other social organizations in the area.

- **Takla Alcohol Abuse Program**
  Takla Lake Band
  Takla Landing, B.C. V0J 2T0
  Radio Phone: N692244

  Program length: Varies according to individual needs

  Fees: None

  This program provides preventive services by educating the community about the hazards associated with substance abuse. The counsellor shows films and advises youth in the schools. As part of the program, alcohol-free cultural activities are organized.

- **Taku River Tlingits**
  P. O. Box 132
  Atlin, B.C. V0W 1A0
  Phone: 651-7615 or 651-7793

  Program length: Varies according to individual needs

  Fees: None

  This program offers services to **any** individual or family experiencing the affects of alcohol or drug abuse. Services available include counselling/referral for young adults, youth/children, chronic abusers, and assessments for future planning. Also available are workshops for youth and young children on the adverse affects of alcohol and other drugs, as well as workshops on positive parenting, spiritual beliefs, and personal awareness and growth.

- **Ta Moon Salagyet Drop-in-Centre**
  P.O. Box 992
  Port Simpson, B.C. V0V 1H0
  Phone: 625-3293 or 625-3393

  Program length: Varies according to individual needs

  Fees: None

  This program provides prevention and community support services. Counsellors offer help to individuals and families who are facing alcohol or other drug abuse problems. Counsellors provide referral to treatment centres and Alcoholics Anonymous groups, and run community workshops and films. The alcohol counsellor is especially interested in helping youth and runs classes covering a variety of topics related to substance abuse. The program's drop-in centre provides numerous activities as positive alternatives to alcohol or drugs.

- **Tansi Friendship Centre**
  Box 418
  Chetwynd, B.C. V0C 2W0
  Phone: 788-2996

  No description available

- **Treaty and Tribal Association**
  207 - 10139 100th Street
  Fort St. John, B.C. V1J 3Y6
  Phone: 785-0612

  Program length: Varies according to individual needs

  Fees: None

  This program offers prevention services to those individuals and family members affected by alcohol or drug abuse. Services include individual counselling/referral, family/group sessions, recreation/social events for youth and community members, and workshops and educational videos for different age groups.

- **Ulkatcho Indian Band Alcohol Program**
  Anaheim Lake, B.C. V0L 1C0
  Phone: 742-3356

  Program length: Varies according to individual needs

  Fees: None

  This alcohol program provides community support and preventive services. Services include counselling for substance abuse, referrals to residential treatment centres, and follow-up care. Counsellors offer community education workshops and films. Self-help groups such as Alcoholics Anonymous, Al-Anon, and Alateen are also available. The program provides community activities as a constructive alternative to alcohol and drug abuse.

Non-Residential: Vancouver Island, Gulf Islands, and Powell River

- **Bella Coola Alcohol Program**
  Box 65
  Bella Coola, B.C. V0T 1C0
  Phone: 799-5525

  Program length: Varies according to individual needs

  Fees: None

  The aim of this program is to provide basic community support and prevention services to help end alcohol abuse. Counselling is available for the individual, the family, and groups. Clients in need of detoxication may be admitted to the local hospital, where counsellors will work closely with the hospital staff. Counsellors and other community professionals provide guidance for community youth, advising on the danger that alcohol represents to Indian pride and culture. The counsellors also work closely with local recreation, outreach, education, court, and Native cultural workers. As well, there are on-going Alcoholics Anonymous, Al-Anon, and Alateen support groups available.

- **Chemainus Band Drug and Alcohol Program**
  Chemainus Band Council
  R.R. #1
  Ladysmith, B.C. V0R 2E0
  Phone: 245-7532

  Program length: Varies according to individual needs

  Fees: None

  The counsellor of this program helps any band member or family with alcohol or other drug problems. The counsellor visits individuals at home, in the hospital, and in court. As well, the counsellor works closely with the school, RCMP, community health centre, and social service agencies. An A.A. group has been formed, and a crisis line is staffed by volunteers.

- **Cowichan Native Alcohol Counselling Services**
  262 Station Street - 2nd Floor
  Duncan, B.C. V9L 1N1
  Phone: 743-1141

  Program length: Varies according to individual needs

  Fees: None

This band alcohol program provides community support and prevention services for substance abuse. These services include counselling, community education workshops, AA and Al-Anon groups, and referrals to detoxication and treatment centres. The counsellors work closely with the school and court systems, RCMP, community health centre, and social service agencies.

- **Desolation Sound Tribal Council**
  Drug and Alcohol Awareness Project
  R.R. #2, Sliammon Road
  Powell River, B.C. V8A 4Z3
  Phone: 483-2166

  Program length: Varies according to individual needs

  Fees: None

  This program provides counselling for any Native person with an alcohol or other drug abuse problem. The counselling process usually involves the family of the client. Other services of this program include educational videos, group sessions, emergency help, and AA groups. A program is planned to educate children on the dangers of alcohol and drug abuse. In addition, an annual feast (No'Hom) for the elders of local bands provides an opportunity for Native youth to experience a vibrant culture still free of alcohol or other drugs.

- **Gwa-Sala-Nax Waxda'Xw Alcohol Program**
  Gwa-Sala-Nax Waxda'Xw Band
  P. O. Box 998
  Port Hardy, B.C. V0N 2P0
  Phone: 949-8343

  Program length: Varies according to individual needs

  Fees: None

  This program is for any band member or family experiencing difficulty due to alcohol abuse. Services of the program include counselling, referrals, community education workshops and films, visits to the school system, and help in promoting Native cultural awareness.

- **Heiltsuk Band Alcohol Program**
  Box 880, Waglisla, B.C. V0T 1Z0
  Phone: 957-2381

  Program length: Varies according to individual needs

  Fees: None

  This program provides services aimed at ending alcohol abuse. Counselling is available for individuals, families, and groups. Workshops offered through the program address such topics as abuse prevention, nutrition, and positive approaches to expressing anger and frustration. As well, the program acts as a community information resource and offers Alcoholics Anonymous groups and Al-Anon groups. Counsellors work closely with high school staff and students.

- **Kuper Island Activity Centre**
  Penelakut Band
  Box 360
  Chemainus, B.C. V0R 1K0
  Phone: 246-9533 or 246-4600

  Program length: Varies according to individual needs

  Fees: None

  The main goal of the alcohol and drug prevention worker at this centre is to help youth. The counsellor works to educate band youth about the dangers of substance abuse and provides enjoyable alternatives. A drop-in centre provides an alcohol-free environment for leisure activities.

- **Kwakiutl District Council Alcohol Awareness/Prevention Planner**
  Box 2490
  Port Hardy, B.C. V0N 2P0
  Phone: 949-9433

  Program length: Varies according to individual needs

  Fees: None

  This project works to establish a long-term, integrated alcohol awareness and education program among the members of the bands in the area. Recognizing that one of the greatest strengths of Native people is their traditional values, this program also works to integrate the cultural traditions with modern life. It accomplishes this through community-based workshops for both elders and youth.

Nimpkish Yuyatsi Alcohol Counselling and Prevention Centre
Box 290
Alert Bay, B.C. V0N 1A0
Phone: 974-5522

Program length: Varies according to individual needs

Fees: None

The services of this program include prevention and community support for substance abuse, counselling, referrals to treatment centres, and a drop-in centre for youth and adults. Client therapy may include performing community services. The program counsellor works in close conjunction with the RCMP, the probation department, the school, and the local clergy, and visits homes and the hospital. In addition, the counsellor organizes community activities as alternatives to alcohol and drug abuse.

- **Nuu-Chah-Nulth Tribal Council**
  Alcohol and Drug Abuse Program
  P. O. Box 1383
  Port Alberni, B.C. V9V 7M2
  Phone: 724-5757

  Program length: Varies according to individual needs

  Fees: None

  This program helps those band members who are experiencing substance abuse difficulties. Bands included are: Operchesaht, Ahousaht, Hesquiaht, Kyuquot, Mowachtlaht, Ehariesaht, Ditidaht, Clayoquot, Toquaht, Ucluelet, Uchucklesahr, and Tsehaht.

- **Q'puthet Unwinus**
  674 Centre Street
  Nanaimo, B.C. V9R 4Z4
  Phone: 753-0196 or 753-0197

  Program length: Varies according to individual needs

  Fees: None

  This program uses Native culture, values, and healing methods to fight alcohol abuse. With the help of the elders, counsellors teach traditional Native strength and healing methods. In addition, one-to-one counselling, family counselling, group counselling, referral to treatment centres, and AA meetings are offered, as are workshops and alcohol-free recreational and social activities. The counsellors also hold community workshops on Indian culture and record Native oral history.

- **Quatsino Alcohol and Drug Counselling Program**
  Quatsino Indian Band
  P. O. Box 100
  Coal Harbour, B.C. V0N 1K0
  Phone: 949-6245

  Program length: Varies according to individual needs

  Fees: None

  This program offers help to **any** individual who is experiencing difficulties related to the use of alcohol or other drugs. Services include individual counselling, community educational workshops, and alcohol-free recreational and social activities. As well, Alcoholic Anonymous groups, Alateen, and Al-Anon groups meet regularly. Individuals may be referred to treatment centres for further help.

- **Saanich Peninsula Drug and Alcohol Program**
  1274 Stelly's X Road
  Box 85
  Brentwood Bay, B.C. V0S 1A0
  Phone: 652-0660

  Program length: Varies according to individual needs

  Fees: None

  This program uses a Native cultural and traditional approach in treating Natives with an alcohol or other drug abuse problems. Indian medicines and food are used throughout the therapy. The program offers a variety of treatment alternatives. Individuals are "reborn" and given a chance to remake their life. During this intensive process, the individuals recognize their disease, discover the spiritual powers within themselves, overcome their weaknesses, and learn how to remain healthy and strong. Strict discipline is required.

- **Sliammon Indian Band Council Native Alcohol and Drug Abuse Program**
  R.R.#2 Sliammon Road
  Powell River, B.C. V8A 4Z3
  Phone: 483-2166

  Program length: Varies according to individual needs

  Fees: None

  This program provides counselling for any Native person with an alcohol or other drug abuse problem. The counselling process usually involves the family of the client. Other services of this program include educational videos, group sessions, emergency help, and Alcoholics Anonymous groups. A program is planned to educate children on the dangers of alcohol and drug abuse. In addition, an annual feast (No'Hom) for the elders from local bands provides an opportunity for Native youth to experience a vibrant culture still free of alcohol or other drugs

- S.U.N.S.
  (Sober Urban Native Society)
  Box 1164
  3555 Fourth Avenue
  Port Alberni, B.C. V9Y 7M1
  Phone: 724-9666

  Information on fees and program length unavailable.

  An innovative program for off-reserve Native people in Port Alberni, this program provides follow-up support and relapse prevention to people who have turned to a life of sobriety. Support and relapse prevention activities are provided through a network of sober families and other volunteers. Activities include life skills training, review of treatment centre teachings, cultural events and substance-free social activities.

- **Tillicum Haus Native Friendship Centre**
  278 Needham Street
  Nanaimo, B.C. V9S 1K8
  Phone: 753-8291

  Program length: Varies according to individual needs

  Fees: None

  This program serves the off-reserve Native community in Nanaimo and works positively to bridge the Native and non-Native cultures. The program emphasis is on promotion of Native participation in providing Native services, and on upgrading integration of a strong cultural component into all programming, as well as sponsoring Adult Basic Education, Nutrition Aide Training, and Day Care Training.

Victoria Native Friendship Centre
533 Yates Street
Victoria, B.C. V8W 1K7
Phone: 384-3211

Information on program length and fee unavailable.

This centre provides educational, recreational, and social services for Native people living off-reserve in the Greater Victoria area. Other services include client assessment, referral and counselling, and prevention information.

Residential Native Treatment Centres in B.C.

- **Kakawis Family Development Centre**
  Box #17
  Tofino, B.C. V0R 2Z0
  Phone: 725-3951

  Program length: Varies according to individual needs

  Fees: Funded by ADP

  The Kakawis program is unique in that a whole family unit is admitted into the program. While the family lives in self-contained apartments, each member of a family unit receives individual counselling and group therapy.

- **Kootenay Indian Area Council Recovery House**
  R.R. #1, Site #7
  Box 17
  Creston, B.C. V0B 1G0
  Phone: 428-5516

Information on program length and fees unavailable.

This centre is open to any Native of B.C. and nationwide, depending upon available space. The program consists of: pre-treatment ("If a person wants to go into a treatment program but there's no space available, he or she can come here and wait – otherwise that person might be lost"); and post-care ("After a person completes his or her program at a substance-abuse treatment centre, he or she may come here for a time, up to two months. We help ease his or her transition back onto the community. We have outreach workers who offer assistance in such areas as employment, job training, education. We want to help them get their lives together, to give them a better chance of enduring recovery.").

- **Nenqayni Treatment Centre Society**
  Box 2528
  Williams Lake, B.C. V2G 4P2
  Phone: 392-4385

  Program length: 6 weeks

  Fees: None

  Bed capacity: 24

  This centre provides treatment for any individual affected by substance abuse. Individuals are referred from non-residential programs and the legal system. Admission requires the individual to be abstinent from alcohol for 72 hours and from drugs for two weeks prior to admission. Counselling is provided for individuals, couples, and families. Clients receive individual and group therapy. Individuals participate in a work program and in recreational activities. Individuals are encouraged to attend Alcoholics Anonymous as a continuation of the recovery process.

- **Nimpkish Treatment Centre**
  Box 290
  Alert Bay, B.C. V0N 1A0
  Phone: 974-5522

  Program length: 6 weeks

  Fees: information unavailable

  This substance abuse program is for Native people 17 years of age and over.

- **Prince George Native Friendship Society**
  144 George Street
  Prince George, B.C. V2L 1P9
  Phone: 564-5530

  No description available

- **Round Lake Alcohol and Drug Treatment Centre**
  R. R. #3, Comp. 10
  Grandview Flats North
  Armstrong, B.C. V0E 1B0
  Phone: 546-3077

  Program length: 6 weeks

  Fees: $16.20 per day (funded by ADP)

  This centre provides treatment for individuals of Native ancestry and their spouses, whose lifestyle is affected by drug or alcohol abuse. Referral sources include Alcohol and Drug Programs, clinics, NNADP, and probation officers. Prior to admission, clients must abstain from alcohol for 72 hours and from drugs for two weeks. The centre provides counselling for individuals, couples, and spouses. Clients receive group therapy, advice on nutrition, and an enhanced cultural and spiritual awareness. Clients participate in a work program and partake in recreational activities. A refresher course is offered three months after treatment, and clients are encouraged to attend AA groups.

- **Spallumcheen Recovery Home**
  Box 430
  Enderby, B.C. V0E 1B0
  Phone: 838-9565

  Program length: 6 weeks

  Fees: information unavailable

  Residential "pre-treatment" and "after care" for individuals undergoing substance abuse treatment. B.C. regional and nationwide.

- **Tsow-Tun Le-Lum Society**
  Box 370
  Lantzville, B.C.
  Phone: 390-3123

  Program length: 40 days

  Fees: information unavailable

  Tsow-Tun Le-Lum means "Helping Hands" in the Salish language. This program is open to all Native people in Canada. The program hopes to bring about an affirmation of pride in Native identity through utilization of traditional ceremonies such as sweetgrass and sage burning. Tsow Tun LeLum has a live-in suite for Native elders who come to the centre offering traditional teachings. The centre has an outreach program through which an attempt is made to help clients for six months after treatment has ended.

- **Wilp Si'statx Community Healing Centre**
  Box 429
  Kitwanga, B.C. V0J 2A0
  Phone: 849-5211

  Program length: 6 weeks

  Fees: information unavailable

  A province-wide alcohol and substance abuse treatment program that includes an elders' teaching component. Open to Natives and non-Natives.

Appendices

Appendix 1: Adult Children of Alcoholics

Adult children of alcoholics share many characteristics, emotions, and behaviours. They have come to realize that the confusing and often frightening feelings they had while growing up were not due to their own "craziness" or "badness," but rather were the result of living in a dysfunctional family. Feelings of rejection, worthlessness, and uncertainty are common in families whose primary rules are don't talk, don't feel, and don't trust. These feelings and rules can affect people for the rest of their lives.

One does not need to have come from an alcoholic family to belong to Adult Children of Alcoholics. Other types of compulsive behaviour such as gambling, drug abuse, and overeating come under this umbrella as do those who were adopted or were in foster care, lived with chronic illness or extreme religious attitudes, or in other dysfunctional systems. All these people find that they can identify with the characteristics of adult children of alcoholics.

Characteristics of Adult Children of Alcoholics (ACOAs)

The family of an alcoholic is directly affected by the alcoholic's behaviour and, unless family members are able to get help, they may get caught up in the consequences of the behaviour and become emotionally dysfunctional themselves. Although suffering manifests itself behaviourally in different ways, children of alcoholics seem to have the following characteristics in common.

Children of alcoholics

- have low self-esteem
- are easily discouraged
- are often and easily depressed
- feel isolated, unloved, and unlovable
- experience difficulty and frustration when attempting to express themselves or defend their inadequacies
- experience extreme self-consciousness
- are critical – judge themselves and others without mercy
- have difficulty with intimate relationships
- seek approval and affirmation from outside themselves
- are super-responsible or super-irresponsible
- are extremely loyal – even when that loyalty is undeserved by others.

According to research, children of alcoholics also run an increased risk of becoming an alcoholic, or of marrying one.

Children who grew up in a dysfunctional family have suffered many losses that they have never had the chance nor the place to grieve. They have had to bury their sadness in an attempt to survive and cope. As adults, often unconsciously, they experience intense feelings of sadness and emptiness without understanding their source, and without knowing how to handle or express them.

Janet G. Woititz in *Adult Children of Alcoholics* writes that according to her own research, 18 year-olds and 12 year-old children of alcoholics see themselves in essentially the same way. They may behave differently, but they don't have different self-feelings. This fact indicates, she believes, that self-perceptions do not change over time without some form of intervention. To be healed, people need to grieve, for perhaps the first time in their lives, for the pain and suffering of their past.

Many people who are adult children of alcoholics have found help through treatment and through participation in support groups such as ACOA.

Co-Dependence

Co-dependents are people who live with an alcoholic and who tend to become addicted to the alcoholic in much the same way as the alcoholic is to alcohol. Sharon Wegscheider-Cruse in *Choice-Making* defines co-dependency as "a condition characterized by preoccupation and extreme dependence (emotionally, socially and sometimes physically) on a person or object. Eventually, this dependence on another person becomes a pathological condition that affects the co-dependent in all other relationships."

Anne Wilson Schaef in *Co-Dependence: Mistreated and Misunderstood* defines a co-dependent as a person who is currently involved in a love or marriage relationship with an addict, has had at least one alcoholic parent, and/or who grew up in an emotionally repressive family. Co-dependence can be seen as an addiction to another person or persons and their problems, or to a relationship and its problems. Co-dependent people find meaning in their lives by making themselves indispensable. Every addict is surrounded by a circle of friends or family that enables the addiction by picking up after him or her when things fall apart and by hiding the consequences of his or her behaviour to the outside world. Co-dependents not only have relationships with addicts, but they exhibit many of the same characteristics as addicts. They are self-centred, dishonest, controlling, crisis-oriented, depressed, and stressed. They also have abnormal and dysfunctional thinking processes, frozen feelings, and have experienced a breakdown of morals.

Support groups of people meeting once or twice a week in a healing circle can be a place where an individual's true feelings can be shared and problems worked through. ACOAs can get emotional and spiritual help from other people who have had similar life experiences, but it is important that they make the commitment to recovery, rather than to a particular group. There are many different kinds of groups: AA., youth groups, women's groups, and sexual abuse survivor groups to name a few.

Appendix 2: List of Films and Videos on Alcohol and Drug Abuse

The following list offers a few suggestions from an over-growing resource of films and videos on alcohol and drug abuse treatment strategies and programs. It is also suggested that instructors write to the National Film Board of Canada (1045 Howe Street, Vancouver, B.C. V6Z 2A9) for a current catalogue.

- "The Honour of All, Parts 1 and 2" (Available from the Alkali Lake Indian Band, Box 4279, Williams Lake, B.C. V2G 2V3. Phone (604) 440-5611.)

  A highly successful and deeply moving story of the Alkali Lake Band's slide into alcoholism and slow, painful climb back to sobriety. Over a 15-year period, the community went from 100 per cent alcoholism to 95 per cent sobriety. This spectacular example of community development has made Alkali Lake famous across North America.

  But while "The Honour of All" is a dramatic and moving example of a community coming together to deal with its devastating problems, the story doesn't end there, as indicated in the article in Appendix 4 (Alkali Lake: The Story Continues).

- "Culture as Treatment" (Available from Round Lake Treatment Centre, R.R. 3, Comp. 10, Grandview Flats North, Armstrong, B.C. VOE 1B0. $30.00.)

  In this film, Wayne Christian, Executive Director of Round Lake Treatment Centre, describes the history and philosophy of the centre, while Lucy Louis and J.C. Lucas, who have gone through the program and since become counsellors, tell their life stories. This film is a testimony to the strength and courage of people who commit themselves to healing, and to the valuable treatment and support a centre such as Round Lake can offer.

- "Walking in Pain" (Available from Hy Perspectives Media Group, 401-1133 Barclay St., Vancouver, B.C. V6E 1G8.)

  An in-depth look at the counselling relationship, both on a one-to-one basis and within a Talking Circle. The film shows how Marge Mackey, a counsellor at the Round Lake Treatment Centre, works with various people on recognizing and overcoming their denial, re-experiencing their grief and pain, and committing themselves to sobriety and change.

- "All My Relations" (Available through Yukon Films, Whitehorse, Yukon.)

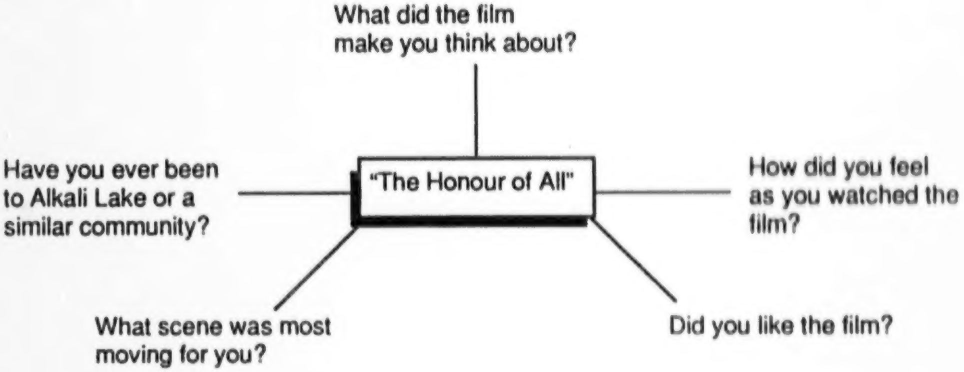
  This film follows a client through treatment at Round Lake Treatment Centre. She describes her life in her community and family, both before and after treatment, and talks about the importance of after care. It deals with the problem of denial and of commitment to healing.

Appendix 3: Sample Video-Based Activity

The following offers writing and discussion exercises that have been developed to use with the film "The Honour of All." The exercises focus on the issues of treatment for Native people within a community and cultural context. Any of the films listed in the previous appendix could be adapted to this format.

Questions for Discussion and Writing

1. Respond to all the following questions in writing.



"The Honour of All"

What did the film make you think about?

Have you ever been to Alkali Lake or a similar community?

How did you feel as you watched the film?

What scene was most moving for you?

Did you like the film?

After responding to any or all of the questions, form a small group with other students and compare responses.

2. Imagine that you visited an A.B.E. class in Alkali Lake and interviewed a student there about the changes he or she has seen in the community. Write the imaginary interview in question and answer form.

3. Use what you have seen in the video as a case study to discuss, one by one, each of the following key strategies or principles for successful community development and addictions treatment.

   - development from within
   - no vision, no development
   - the healing of individuals, families and communities goes hand-in-hand
   - learning is the fundamental dynamics of development.

Appendix 4: Alkali Lake
The Story Continues[10]

Many of us are familiar with the Alkali Lake Story as told in the video, "The Honour of All." It is a moving story, told by the people who lived it, of how one community went from 100% alcoholism to 95% sobriety of 15 years. The story of Alkali Lake has inspired many Native people across the country with the example that alcohol can be beaten.

But cleared from the haze of alcoholism, the people of Alkali Lake have had to face all the pain, the insecurities, the frustrations that the alcohol used to cover. We thought that these on-going challenges would be worth hearing about so we asked Phillip Johnson to go back home and ask people what happens beyond alcohol. Here is what he told us.

The Honour of All

The making of the video was an important step for the people of Alkali Lake because it gave them a chance to reflect on what they had achieved. Phillip Johnson commented that "the video gave people a pride in what they had done. It was something the whole community was a part of. People didn't know what they had or what they were achieving until they saw it on the screen."

The video has served a very important role nationally as well: It has demonstrated to people across the country that Native communities can beat alcohol. It is estimated that since its release in 1985, 500,00 people have seen the video. It has been used in workshops and trainings throughout North America. It has been shown on T.V. And very few who have seen it have not been deeply moved.

The video is not a blue print of how to start a sobriety movement. Phyllis Chelsea says that the video is just a vision. "I wouldn't say we're an exact model that should be followed to the letter of how we've done things. And I think communities could get into some problems if that's how they want to go about changing things in their community. They are a completely different kind of community, different people. They've been raised in a different way and only they will know what is the best way. They have to work within a community, with assistance from the outside now and then, to move from there, to change in their community. All we can do is come there and share our experience and give the message that it's possible to do something and make a change.

Since the Video was released, the people of Alkali Lake have been overwhelmed with invitations to do workshops, give talks, and make visits. And they have been so generous in accepting invitations, maybe too generous. The invitations are accepted because of the feeling of obligation these people feel to help others with their struggle. But in helping others they are removed from Alkali Lake and its on-going struggle.

Rebuilding the Community

Alkali lake people went on to say that any things have to be rebuilt in the process of recovering from an addiction. First of all is forgiving ourselves for what we have done. Then we have to repair what we can of our family and community life. This may involve dealing with sexual abuse, unemployment, youth development, and many other things.

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[10] Reprinted with permission from *The Four Worlds Exchange Newsletter*, Vol. 1, No. 2, Winter/Spring, 1989, pp. 3-6. The Four Worlds Project, Lethbridge, Alta.

Alkali Lake has been struggling with many such issues since it has sobered up. But when asked what was the biggest challenge facing Alkali Lake, Phyllis Chelsea said that is was rebuilding the support and trust relationships in the community. "I think the biggest problem has been taking time to create over the years the support that each and every individual needs for them to take responsibility for the healing after sobering up. I still see a lot of problems that people are dealing with, things that have happened as a result of when we were still drinking within families and within the community."

Nelson Johnson, a trainer for New Directions, had this to say about the challenges facing Alkali Lake since sobering up: "I think the biggest challenge right now is just for the community as a whole to keep together because a lot of times we come through financial problems. Right now some of the people tend to forget about how far we've come. And there's a lot of back stabbing that usually goes on when that starts happening. The community has to stay together and learn to reach out and help one another."

Fred Johnson said that the biggest challenge after sobering up is "learning to be involved in community life and to take responsibility for the young people. We have to heal the community and the families before we can start on other things like economic development."

Youth Development

Nelson went on to talk about the youth ". . . and our young people, don't forget about them. I've noticed that a lot of the young people that are running around in our community are the young people that have parents that go to bingo again. Also we need to start talking about expanding, about bringing other stuff into the community for people, such as something new for the young people, 'cause we don't. Some of the things that have been going on this community have been the same and a lot of young people get bored with it. I'd say in the past year we had about 20 young people around there that go out drinking almost every weekend, smoking up and that's started to be a problem. It is starting to make us look bad again."

Phyllis commented: "Within the community I think there are some young people who are doing really great and are out there and are doing well in their lives, in their careers. Taking on responsible jobs within the community. But also there are a portion who are still involved in drinking and drugs and for those ones, they seem to be taking a little longer for whatever reasons, whether they're getting back at their parents or they want to experiment, but that's a day-to-day thing that we come in contact with here as we work with the school and work with kids that are placed here in the community. There definitely are a whole lot of things that need day to day work out there. But overall I think the bigger majority of our young people here are doing well."

Fred expressed a lot of concern for the youth. While he figures there are maybe only five who are drinking and acting out, these youth can affect the others. Some of these kids have been abandoned by their families, others are affected by what they experienced when their parents were drinking. To help these kids "we must do healing. Right now we are doing family healing but it is a very slow process because of the shortage of funds for this kind of work." Fred also pointed out that the example of the leaders and parents is critical for the youth. "Alfred [the recreation director] can only do so much, parents must take the rest of the responsibility. We are trying to get the parents involved in the school because their expectations are passed on the their kids."

Alfred Harry is the recreation director for Alkali Lake. He feels that "generally, the youth are slowly falling apart. I can't tell them not to drink. It is up to them." After 18, the youth are out of school, able to drink legally, and unemployed.

Alfred is able to manage organizing recreation nights at the school gym most nights of the week, a lot of tournament trips, and the occasional workshop with youth from other communities.

But not much more because there just is not the money available. The Band recognized this problem and is helping Alfred to write proposals for more funding, and has offered the renovated community hall for use as a youth centre. Other than this, however, there is not much happening for the youth and many people in Alkali Lake are concerned.

Sexual Abuse

Another "Alkali Lake Story" is emerging. The Man Alive series in January told another story, or at least another chapter in the on-going story of their healing. The two-part show told of the heart wrenching process of dealing with sexual abuse.

The process began in 1986 when the community held a healing workshop on sexual abuse. During and after the workshop there were a lot of disclosures. The community is dealing with the issue by holding healing circles to which everyone is invited. There have also been a number of workshops facilitated by Maggie Hodgson, Dr. Cruz Acevedo and others. As well many families are receiving therapy from local therapists on a regular basis.

Phyllis reported that "as a social worker, I get to deal with sexual abuse about once a month. I am still involved in things that go on within different families, whether people are living here or in town [Williams Lake]. In that way there are still some investigations that do go on that I am involved with. But there is another level of people who are going through healing of things that have happened while there was a lot of drinking going on here 20 years ago, and those things are being dealt with here daily, whether they're with professional people or between people supporting each other within the community."

While some families are receiving individual counselling from outside psychologists, there is neither the money nor available psychologists to really deal effectively with the problem. The Band is currently trying to get money to hire a full-time psychologist who could work with each family.

The process of dealing with sexual abuse is not easy. Fred told us that "three people have been charged with sexual abuse in the community. That affects the climate of the community, the extended family – and we have big families – and the school." He went on to say that "every year people are accepting more, they are more ready to deal with their problems. Different couples are beginning to work on their problems – problems like sexual abuse – and this is a really big step. We can deal more openly with our problems because we see them as a sickness. And if we don't deal with our problems, guess who will be having the same problems 10 years from now – the young people."

Appendix 5: Nutrition for Recovering Alcoholics[11]

Nutrition is an important component of any drug or alcohol recovery program, but it cannot work miracles by itself. Recovery from alcoholism must involve a sequence of care – abstinence, body healing and counselling – of which nutritional therapy is an essential part.

Abstinence
Alcohol is the primary enemy. As long as the alcoholic continues to drink, nothing can restore him or her to health.

Body Healing
When alcoholics stop drinking, their bodies go to work helping the ravaged organs heal themselves. The brain, liver, stomach, and other internal organs need to stabilize and strengthen their defences. Thus, the need for good nutrition is particularly strong in the first few days and weeks of recovery, although alcoholics must continue to watch their diet throughout their lives. Good nutrition will enhance the quality of sobriety and greatly reduce the risk of relapse.

Counselling
Alcoholics need to understand their disease and need help putting their disordered lives together. When alcoholics are able to think clearly and rationally, somewhere between the second and third week of sobriety depending on how sick they are, they can begin to understand the nature of their disease and learn what they must do to return their lives to normal and to maintain their health and sobriety.

Many recovering alcoholics suffer from the affects of withdrawal and are in danger of relapse – not because they are weak or are fooling themselves about their disease, but because their eating habits contribute to their mental and physical complaints. Alcoholics can be spared mental and physical suffering if they avoid those foods that play havoc with their blood sugar chemistry, and if they concentrate on eating the right foods. Proper nutrition might, in fact, save their lives.

A sound nutritional program is essential to successful therapy. Given vitamins and minerals in correct amounts and proportions, the cells will be able to generate new cells, repair injured cells, and strengthen their defences against other diseases. A dietary plan to control blood sugar, restore chemical balance, and prevent such symptoms as depression, irritability, shakiness, headaches, and mental confusion is crucial. With nutritional therapy, addiction can be controlled and alcoholics will not be threatened by the craving for alcohol that often plagues them for months and even years after their last drink.

Alcohol: The Nutritional Vacuum Cleaner

Often, alcoholics do not realize that alcohol, in addition to its direct poisonous effect on organs such as liver, heart, brain, and stomach, works indirectly as a sort of nutritional "vacuum cleaner" that sucks up vitamins and minerals, leaving the body with numerous deficiencies. Nutritional deficiencies literally affect every cell in the body, causing a wide array of mental and physical symptoms.

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[11] The information in this appendix was developed by the Round Lake Treatment Centre, Armstrong, B.C. It is suggested that instructors adapt and include this information into student activities whenever it seems appropriate or might be helpful.

Body cells cannot survive without the essential nutrients that are used to energize them and keep them functioning normally. Cells cannot create these essential nutrients, and rely on food to supply them. The digestive system takes the food we eat and transforms it into usable nutrients.

When people drink large amounts regularly, they do not feel like eating nutritious foods, for the empty calories of alcohol satisfy their hunger. Alcoholics are plagued with stomach and intestinal upsets that repress their appetite for food, and any food that is eaten is promptly expelled through vomiting or diarrhea. Vitamins B-1, B-3, and B-6 work as appetite stimulants, and these vitamins are commonly deficient in drinking alcoholics. Low zinc levels are also low in drinking alcoholics. Low zinc levels cause loss of taste and smell and therefore a further lack of interest in food.

Basic nutritional therapy for the alcoholic patient means a nutritious and appetizing diet based on the individual's specific deficiencies and requirements. Frequent meals and high protein snacks between meals will help control unstable blood sugar and provide a source of slowly available glucose. Glucose is the body's main source of fuel and is found in carbohydrate-rich foods such as bread, grains, vegetables, fruit, beans, and corn. These foods are made up of long-chain complex molecules that are slowly broken down and changed into smaller simple glucose molecules. Keeping the blood sugar in balance requires a complex chain of events involving the digestive tract, pancreas, brain, liver, and endocrine glands (adrenals, pituitary and thyroid).

Caffeine use should also be eliminated or, at the very least, drastically cut back, since caffeine can aggravate stomach disorders and disturb blood sugar control, and can irritate and stimulate the central nervous system, heart muscles, and respiration. Extensive liver damage caused by heavy and prolonged drinking can cause caffeine to accumulate to toxic levels.

To relieve these problems and help repair and heal injured organs, the recovering alcoholic must

- avoid the three negative S's (sweets, stimulants, and stress) and, obviously, alcohol
- add nutritious foods to the diet and consume them on a regular and continuous basis (the three positive S's; snacks, supplements, and suitable diet)
- add vitamins and minerals (particularly vitamin C, vitamin B-complex, calcium, magnesium, and zinc) to help the body regain health and strength.

The Three Negative S's

- **Sweets**
  Cutting back or avoiding sugar altogether is essential because regular consumption of sugar disrupts nutritional balance.

- **Stimulants**
  Sugar is not the only substance that triggers hypoglycaemia (low blood sugar). Stimulants such as caffeine (found in coffee, tea, cola, chocolate) or nicotine can have an adrenalin-like action, stirring up the blood sugar. Alcoholics should avoid foods and beverages containing caffeine. The same is true for smoking tobacco.

- **Stress**
  Stress causes unstable blood sugar levels. The body responds to stress by pumping adrenalin into the blood stream, which in turn causes the blood sugar to fluctuate abnormally – causing more stress.

The Three positive S's

- **Snacks**
  Snacks help combat the drop in blood sugar that occurs 2 to 4 hours after meals, thereby sustaining blood sugar levels between meals. Nutritious mini-meals of fruit and protein foods, such as nuts, seeds, cheese, or celery sticks with peanut butter, make the best snacks.

- **Supplements**
  Supplements are not a replacement for a good diet but they help to make up for vitamin and mineral deficiencies caused by long years of heavy drug abuse. Even after full recovery, there is a continued need for alcoholics to take supplements to maintain good health.

- **Suitable Diet**
  The diet recommended for controlling blood-sugar is high in complex or whole foods, high quality carbohydrates (fruits, vegetables, and whole grains), fibre (bran, wheat germ), is low in protein, particularly meat protein, and requires a strict avoidance of concentrated sweets.

Additional Guidelines for Nutrition

Recovering alcoholics should also try to avoid

- **refined foods** such as white flour, white rice, pasta (other than whole grain pasta), and breakfast cereals
- **processed foods** such as sausages, bacon, cold cuts, hot dogs, and salami, which contain added preservatives, salt, and sugar
- **excessive salt**, which can cause fluid and mineral imbalance and increase bouts of high blood pressure
- **canned foods**, which usually contain added sugar and salt
- **condiments** such as mayonnaise, ketchup, pickles, mustard, etc., which all have added sugar and salt.

Nutrition is a vast and complex science, and many people find that once they start learning about the effect of nutrients on health, they want to continue learning and practising what they learn. Good health tends to promote itself; the better you feel, the stronger your commitment becomes to staying fit and healthy. The diet for sobriety recommends cutting back on the use of red meats, increasing consumption of fish and fowl, limiting fats, and using dairy products, whole grains, vegetables, nuts, and seeds as supporting protein sources.

The guidelines are simply guides to a better eating lifestyle. They are not hard and fast rules. Every person will have to make adjustments to this diet based on his or her individual likes and dislikes, allergies to certain foods, family needs, career obligations, and cooking preferences.

Each recovering alcoholic should find out what works for him or her and then stay with an eating plan that gives sufficient calories and energy and makes the individual feel good. If a person is getting everything from his or her diet, that person will want to stay on it, and staying on it will make all the difference to his or her outlook on life.

Appendix 6: Bibliography and Suggested Reading List

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